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ABSTRACT

According to the authors, the scientist-professional model which has dominated training in psychology is no longer the only accepted model for professional training. Enter the era of the professional model when the major commitment will be the provision of services to people, based on the application of psychological skills and knowledge. The revolutionaries, it is stated, are an army of well-trained scientifically knowledgeable but people-oriented professional psychologists who are creating programs to provide such training. The major criticisms of traditional graduate training, suggested guidelines for new professional programs, and current attempts to solve the resulting training problems comprise the bulk of the monograph. An extensive, though not exhaustive, number of programs are described on the basis of: (1) goals and guiding philosophy; (2) planners and administrators; (3) professional responsibility; (4) research training; (5) internship and practice; (6) innovative aspects; and (7) educational hurdles. (TL)

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The Revolution In Professional Training

A REVIEW OF INNOVATIVE PROGRAMS FOR THE TRAINING OF PROFESSIONAL PSYCHOLOGISTS

NORMAN J. MATULEF, Ph.D.
KARL E. POTTHARST, Ph.D.
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The Revolution In Professional Training

A review of innovative programs for the training of professional psychologists

1970 - 1971

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FOREWARD

This monograph is a project of the National Council on Graduate Education in Psychology with the cooperation of the Education and Training Board/Board of Professional Affairs ad hoc Committee on Professional Training of the American Psychological Association. It was also carried out with the cooperation of major training programs in professional psychology and in graduate education in psychology across the country.

However, this listing together with any of the accompanying statements or opinions about training programs within the monograph in no way carries the official approval of the American Psychological Association nor of any individual associated with any particular training program.

In subsequent years' lists additions and critical revisions will be made to keep the project current and in step with new developments.

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Chapter I

Graduate Education in Professional Psychology

THE REVOLUTION IN PROFESSIONAL TRAINING

Norman J. Matulef, Ph.D.

There is a revolution in professional training. Professional psychologists in all areas of institutional and private practice have united to change traditional and often destructive training practices of many training programs. It is obvious now that what originally was a noble dream to unite science and practice within the same graduate student has now become a nightmare and a totally inadequate system for training professional psychologists.

One has only to read the pages of the April, 1970, special issue of the American Psychologist to view again the ivory tower fantasy that, somehow, psychology in the current university departments can train skillful, enthusiastic, research psychologists as well as fully-trained independent professionals. It is necessary to remind academic psychologists that psychology has often failed to contribute knowledge commensurate with the tremendous investment in scientific manpower and equipment. It is necessary to remind academic psychologists that professional services are demanded by a discriminating public who accepts psychologists fully as professionals despite their second-class citizenship in many academic programs. It is necessary to remind academic psychologists that their own concerns are often tenure, financial reward, and <u>power</u>, rather than a moral approach to clinical responsibility and meaningful programs for students. It is necessary because academic psychology has apparently decided in subtle and obvious ways to eliminate professional training as one of its major responsibilities.

But it's going to be a losing battle for the university departments. This preview of the Zeitgeist of the 1970's predicts that soon APA boards, faculty and students in new training programs and public pressure will force change. We see the beginnings of the revolution in professional training in this monograph as the reader observes the tremendous efforts of many psychological revolutionaries become reality in the next year.

This is not an ordinary revolution. It is not the revolution of protests at APA meetings by graduate students. (Many clinical students still fear for their academic lives; appropriately so in our current departments.) This is not the protest of a Ralph Nader disclosing immoral practices running rampant in training programs. (This is mostly because psychologists are afraid to operate in this style.) This is not a revolution of extensive lobbying for state and federal funds. (Psychologists traditionally have not learned to operate successfully in the political arena.) This is a determined, well-planned, revolution designed to provide first-rate professional training for graduate students in psychology in the coming years.

The revolutionaries are well-known people like Ted Blau, working carefully at the Board of Directors' level of APA to provide high standards of professional training, to bring the point of view of professional psychologists to the top APA levels of administration and to give strong support for minority groups in the profession. It's a revolution of Maury Korman fighting the battle of professional standards in the archaic APA accreditation structure. It's Rogers Wright seeking to change an out-dated APA tax structure. It's Ron Fox, Lawrence Bookbinder and Vin Rosenthal struggling over important criteria for the training and practice of psychotherapy. It's Jack Wiggins in Cleveland and Mel Gravitz in Washington working long and diligently in local and regional

professional associations to provide adequate standards and to promote professional identity.

The revolutionaries are Pete Rothenberg speaking to clinical psychologists in New York City and Herb Freudenberger, Burt Milenbach, Marjorie White, Stan Moldawsky and others pushing hard to promote new training models in their cities. There is an increasingly large army of professional psychologists all over the country who have joined the revolution to seek independence and quality professional training.

The most important revolutionaries are not psychologists under 30 who have joined the mass movements to behavior therapy or the younger psychologists who have rushed to seek a comfortable new home and a new identity in an exciting but vague area called community psychology. The revolutionaries are a small group of psychologists over 40, for the most part, who have taken a long, hard look at their own professional training and at the realistic training needs of an entire state and indeed, an entire profession. They are revolutionaries like Hedda Bolgar who have used their entire life's experience in clinical training and have provided a professional training program designed to meet the needs of the students and public, both now and in the future. It's revolutionaries like Karl Pottharst, Nick Cummings, Bill Morley, Art Kovacs, Ernie Lawrence and others who have recognized the importance of integrity in providing the student the kind of scientific approach and practical experience that will help him prepare for what he is going to be required to do in his profession. It is the Bolgars and the Pottharsts and the Cummings as well as the other revolutionaries who have planned and who in a few weeks will open the first school of professional psychology....The California School of Professional Psychology. This is the <u>real</u> revolution in professional training.

In ten years there will be a network of professional schools in psychology. Professional schools will spring up not only in Los Angeles and San Francisco, but in New York, in New Jersey, Michigan, Illinois and other areas. They will be created not because professionals want more power and paper work. Professional schools are here because they are an absolute necessity if professional psychology is to break away once and for all from the constrictions of academic psychology.

While the main revolution in professional psychology comes out of the West, many more moderate revolutionaries have developed new models of professional training which meet some of the important criteria for professional training. Many of these models have short-comings and are still settled in the traditional psychology departments. Some programs have utilized psychological centers, non-Ph.D. programs, interdisciplinary approaches and semi-autonomous programs which can provide for excellent professional training. None of these provide the flexibility, the excitement and the challenge of the school of professional psychology which is an inevitable feature of the 1970's.

One ceases to be shocked at statements like "is there really a crisis in professional training?" or "professional psychology is really a bunch of crap". When these statements are made by department chairmen who are leaders of APA, it makes one realize that traditional psychology is on the defensive. Shortly, despite all the efforts of the traditional APA establishment, APA boards will have appropriate professional representation. The revolution we are talking about will only be

complete if this professional representation is not token representation but real and effective representation. One or two professional psychologists on the Education and Training Board or the Accreditation Committee for example, are token representation and not effective representation. The revolution will not be complete until APA Central Office staff effectively represent interests, needs and goals of professional psychology as well as they represent the establishment of psychology departments and traditional training programs.

Some sincere and dedicated academic psychologists advised that groups such as NCGEP, Black Psychologists, Division 29 and Division 31 would never make major changes without blasting the profession with public disclosures and intense political lobbying. What academic psychology did not count on was the tremendous effort coming from the uniting of professional psychologists in one major attempt to move the profession a giant step forward to provide an independent profession of professional psychology.

In the past two years we have seen the creation of a new journal devoted to professional psychology. We have seen George Albee's words become a reality with extensive psychological centers operated and staffed, at least in a few cases, by professional psychologists. We have seen some increased membership on APA boards, the creation of a Committee on Professional Training and soon, there will be a full-scale national conference devoted to professional psychology at all levels of training.

The 1970's ushers in a period when professional psychology leaves the straight jacket of the 30's, 40's and 50's. The scientist-professional model is no longer the only accepted model for professional training. The professional model is acceptable as a means for training a fully-qualified professional psychologist!

There is a revolution in professional training. The Executive Board of NCGEP with the cooperation of the E & T/BPA ad hoc Committee on Professional Training of the American Psychological Association supports and encourages this revolution by supporting the preparation and distribution of this first listing of innovative professional training programs.

This monograph is designed to acquaint students in psychology as well as other audiences in the profession with the advance guard of what will become an immense revolutionary army about to take the field. It's an army dedicated to providing increased needs for a demanding public. It's an army dedicated to the highest possible standards of professional training. It's an army of well-trained, scientifically knowledgeable but people-oriented professional psychologists who are creating programs to provide this training.

A Message to Students from the National Council on Graduate Education in Psychology

Peter J. Rothenberg, Ph.D.

This introductory article is addressed primarily to the undergraduate psychology major who is thinking about entering into some phase of working with people as a professional psychologist and is wondering where to get his graduate training. Empathizing with the student facing this decision is not difficult for me because I am a fairly recent graduate myself and I recently went through the experience of shopping around for postdoctoral training. Also as coordinator of the Liaison Committee of NCGEP, I try to keep my eye on the kinds of things that students as well as professionals are thinking and worrying about.

To oversimplify, most potential graduate students in psychology are concerned with one of the following: 1. career issues - e.g., can I find something in psychology that will relate meaningfully to my own goals and values, including making a contribution to society; or, behavioral science seems to be more relevant to working with people in the way I'm most interested as compared to medical science, but am I making the right decision? 2. specific questions such as the validity of traditional evaluation and treatment modalities and techniques versus newer ones; or, role questions such as therapist versus community consultant; 3. questions about training - it's similar to four years ago when you were looking for a college and all the catalogues and brochures sounded alike. You come to feel that where you end up is dependent on chance and luck because it's so hard to find out what a particular program is really like.

Even if one is aware of these issues, however, it's very difficult to know how to provide accurate and helpful information to students while not scaring them away. It would be nice, but dishonest to try to lure you into the field with discussions of how good professional training is, the large number of professionally-oriented departments, the responsiveness of universities and APA to training needs, etc. In what follows I shall try to be honest, objective and blunt with the hope that in the long run progress will come from facing reality and taking up the challenge of changing it. I suppose there is at least one thing on my side. If you have come through a typical undergraduate psychology program and you still want in, you must be highly motivated!

A professional psychologist is one whose major commitment involves providing services to people, where those services are based on the application of psychological skills and knowledge. One's qualifications in teaching, research, and other scholarly pursuits do not necessarily qualify one as a professional psychologist. This monograph contains a sample of graduate programs in psychology which are at least making serious efforts to do something about problems in training of professional psychologists. The monograph is meant to be neither exhaustive nor evaluative of such programs, although some general comments will be made regarding how these programs relate to our criteria for programs in professional psychology. This article will provide the reader with some background and frame of reference by briefly summarizing major criticisms of traditional graduate training, suggested guidelines for new professional programs, and current attempts to solve these problems.

Major Criticisms of Current Programs

In the last few years the lack of training in professional psychology and the urgent need for new professional training programs have become topics of great concern to many psychologists. In fact, the National Council on Graduate Education in Psychology was formed specifically around these issues, and now the American Psychological Association has put some of its resources to work on exploring ways to stimulate progressive changes in professional training.

But what **are** the problems in professional training? **Three years** ago we wrote:

> "It is evident to anyone who dares to look that the 50's and 60's have not only produced a trend toward second-rate training in psychology, but have fostered an attitude of destructiveness toward clinical training which has ominous implications for the future. (This statement....also applies directly to counseling psychology, community psychology, and related professional areas). It is a fact now that much clinical training is not only poor, but....is being forced from university programs altogether, relegated to narrower models, or barely hanging on in pseudo psychological centers and "tolerant" medical settings. This trend is growing even as there is a tremendously increasing need for qualified professional services....[1]

Detailed critiques of current professional training in psychology can be found elsewhere.[2] What follows is a brief discussion of some of the most serious problem areas.

The first and foremost problem with professional training in psychology is that there just isn't much of it. As Cummings[3] and White[4] have said, we are the only profession that is facing the distinct possibility of extinction despite tremendous public need and demand. They have written of the recent studies indicating the small number (both absolute and relative to other fields) of graduates of programs in the professional areas of psychology and the large ratios of applicants to openings in doctoral programs.

Right behind number one, is the fact that what little professional training exists, is often taught and administered by the wrong people! Typically, these are people who are qualified to teach in their own fields, but like most of us, they are not qualified to teach <u>outside</u> of their fields. Unfortunately, the instructors - both experimentalists and academic-clinicians alike - are often neither experienced nor trained in the areas in which many will soon be practicing.

There are many specific criticisms of current training programs, each of which could be described in great detail. These include the disparaging, anti-professional atmosphere of many APA approved departments; the lack of experience with clients, supervisors and practicing professionals; the lack of fostering of personal growth and awareness of self and others; the lack of opportunities to develop identity as an independent professional; the lack of broad theoretical background including the integration of theory, research and practice; making important professional and social issues secondary to purely scientific ones; the lack of appropriate selection and evaluation of students; extremely narrow definitions of research and science; and many more. We feel strongly, however, that

virtually all of these problems stem from the key issue of who is and who is not doing the training. The fact is that as soon as they receive their degrees, the vast majority of professionally-oriented people leave the campus to work in a variety of settings; most of the academically-oriented students remain to do the teaching.

This is where honesty about current programs becomes more difficult. It is embarrassing for me, a professional psychologist, to have to tell college seniors that even though more than half of you who go on to graduate school aspire to become practitioners, very few of your professors are professional psychologists. What often happens is that you are given the message that those who spend their time doing psychological evaluations, treatment, and consultation are misguided souls who are not true psychologists. This is often accompanied by one of the following messages: 1. we will let you dabble in that stuff if you want (the liberal tradition of academic freedom), but you need to learn that your real potential contribution is research; 2. if you want to be a do-gooder, you'd be better off in social work or the clergy. The reason the latter is often subtle rather than overt is because the psychology departments are understandably quite interested in federal and state training grants for various professional specialties such as clinical, counseling, school. Otherwise, it is quite clear that many departments would eliminate professional training altogether (and some have).

The traditional model of training professional psychologists is so absurd that it almost defies comprehension. Stated simply, students are told that if they want to be professional practitioners, they cannot go to school for it. Imagine telling an engineering student that he must obtain a Doctor of Philosophy degree in Physics and then he may continue with formal education beyond the doctoral level or scrounge around for whatever experience and supervision he can get on the job! (If you don't like the engineering/physics comparison, substitute physician/physiology or social work/sociology or journalist/English.)

There is another major criticism of current programs which is inseparable from the above discussion but which merits brief mention. For too long psychology has conceptualized variations in models of training exclusively in scientist-professional combinations, and this traditionally has meant science first, profession second. The result has been narrow definitions and conceptualizations of science, inappropriate training settings, low standards of competence, minimal assumption of professional responsibility, and so on.[5]

Finally, it should be mentioned that we have criticized past training conferences[6] - not on the basis of lack of concern or recommendations, but because no conference or board has ever taken the responsibility for developing means to implement recommendations, even though the discrepancies between their recommendations and the realities of training in the departments are gross.

The reasons these conditions have developed are not so simple. They involve a complex interaction of psycho-historical, economic and political factors. What is important here is that we recognize the reality and try to change it so that students can be trained in their chosen fields.

Guidelines for New Professional Programs

Later in "the Crisis in Clinical Training", we wrote

> "....the existence and growth of clinical psychology depends to a great extent on the efforts made right now to develop clinical psychology as an independent profession within the APA, and with its roots in the scientific investigation of man. ....An independent profession in the truest sense would require the establishment of new programs of clinical psychology in new departments or professional school settings at the university with clinical psychologists having the full responsibility for teaching and training."[7]

Some point to the fact that there are some good training programs and that others would be sufficiently improved without changing their structure. It is clear to us, however, that our profession will not even be able to meet our own needs, let alone those of the society we hope to serve, unless we are responsible for our own training and practice. In our opinion the "professional model" must be given a chance. The task of the 1970's, then, is to assume responsibility for the kinds of changes that must be made if our profession is to survive, grow, and contribute to society.

Whether new professional programs are called professional schools, new departments or whatever, they need criteria. We offer the following as guidelines which we feel are essential to any new professional program - be it oriented toward psychotherapy or community consultation, psychoanalytically- or behavioristically-oriented, etc. What we have in mind is a concept of thorough preparation, not a specific curriculum or physical plant. We feel that STUDENTS SHOULD BE TRAINED TO WORK WITH REAL PEOPLE AND REAL PROBLEMS; THEY SHOULD BE TRAINED BY PROFESSIONALS; THEY SHOULD HAVE THEIR OWN PROGRAMS; AND THESE PROGRAMS SHOULD BE SUPERVISED AND ACCREDITED BY A BOARD OF RESPONSIBLE PROFESSIONAL PSYCHOLOGISTS. THIS BOARD OUGHT TO BE A FUNCTIONING PART OF APA.

"Students should be trained to work with real people and real problems" means that the programs would be primarily directed at the enhancement of human effectiveness and the betterment of human welfare. It means an atmosphere in which students and faculty can feel a sense of significant professional identity. It means the goal is entrance-level professional competence, not "journeyman-scientist-professional". Entrance-level competence does not mean the expertise of the experienced professional; however, it also does not mean barely minimal or marginal levels of professional competence. Graduates of professional training programs should be able to gain the respect of peers in other mental health and human relations professions in regard to level of competence, assumption of professional responsibility, and skill in helping techniques. Other desirable attributes such as research skill, theoretical sophistication or scholarly attainments cannot substitute for professional competence.

"They should be trained by professionals" means not only the faculty but the directors of new programs would be well trained, active professional psychologists. We are not merely referring to private practitioners coming back to the campus to teach or supervise as adjunct faculty. The point is that professional psychologists whose major commitments are to working with people (whether privately or in public institutions, universities, or whatever) and to first-rate professional training, are the people who should be running the programs and not those whose primary interests are teaching and research.

"They should have their own program" means that new programs would be autonomous, i.e., administratively separate from the traditional department and on a par with other professional programs at the university. "Supervised and accredited by a board of responsible professional psychologists" means that high standards of professional training and practice would be enforced by an arm of the national professional organization. To do this, of course, the professional accrediting structure (in this case, APA) would have to develop and maintain strong professional standards and administer these standards through a Board of Professional Accreditation. We speak not of restriction on innovation or creativity but guidelines for responsible training and practice. We seek to encourage innovation and flexibility. What we deplore is when these are construed to mean license for barely acceptable programs whose graduates are minimally employable and lack the respect of peer professionals.

Solutions For Problems of Professional Training

Four years ago NCGEP held a series of regional and national meetings to discuss solutions to the crisis in professional training. Today we have evolved into a national coalition of both individual psychologists and professional groups. Although from a wide variety of areas of interest and work, we are all extremely concerned about the lack of responsiveness by many graduate training programs to professional and social needs. We share a common commitment - to help move our profession toward providing first-rate training. Our major purpose now is to help initiate, maintain and evaluate professional schools. We appreciate efforts being made in other directions (e.g., improving current programs, interdisciplinary approaches), however, we feel that the professional school with its independence and people-orientation is absolutely essential to our field.

After receiving enthusiastic support from several APA divisions, state psychological associations, key local professional groups, and others, NCGEP formally proposed that an APA Task Force on Professional Training be established for the purpose of finding ways to stimulate the development and implementation of new programs of professional psychology. With the approval of the APA Board of Directors, the Education and Training Board and the Board of Professional Affairs established the ad hoc Committee on Professional Training (CPT) in 1969. This committee has accomplished much in a relatively short period of time. In addition to the above mentioned statement on the scientist-professional model, the CPT has developed an excellent proposal for a National Conference on Levels and Patterns of Training in Professional Psychology to be held July, 1971. APA Council of Representatives has asked that "greater relevance to contemporary social issues" be a prime consideration. This includes issues such as subdoctoral training for psychologists, the black and other psychologists' demands for multi-level training of greater functional relevance, current challenges in the community, delivery of psychological services to the disadvantaged, and NCGEP's concerns about the need for innovative professional programs. For the first time, ways to implement the conference's results and conclusions are being carefully considered. Another important improvement over previous conferences will be the participation of not only faculty of training programs, but products (students and recent graduates) and consumers (users and employers of psychological services).

We feel there are other badly needed improvements the CPT can work toward. These include encouraging further innovation by providing

recognition and visibility for new professional programs; obtaining legal, consultative and funding resources; modifying APA accreditation to include these programs; and carefully evaluating these programs.

We feel a need to add a strong note of caution at this point so that the reader is not lulled into a false sense of security about the near future. We certainly are not settling for the appointing of a committee. While it is true that the machinery for the first national conference on professional training has been initiated, the CPT faces tremendous resistance on the part of established APA policy which has consistently turned the responsibility for developing and maintaining training programs back to the universities. Thus, the changes described above are not going to come about merely because the CPT recommends them. What is needed more than ever is to get professional power together for the purpose of placing professional psychologists on major APA boards such as Board of Directors, Education and Training, and Professional Affairs. These boards are still dominated by psychologists who have little interest in professional training. This is one of the main reasons why NCGEP is calling for a continued alliance between professional psychology groups, individual psychologists, and interested graduate students.

In addition to working within APA through the CPT, we are beginning to work more directly with state and local groups which are ready to examine professional training needs in their own areas and do something about them. New programs are being developed to meet local needs, some of which are common and some are unique. Different programs must have autonomy to find their own solutions, and within the limits outlined in section II, these programs must be evaluated in light of their own training models, stated goals, levels of performance aimed at, etc. Some wish to develop new programs in state or community college systems. Others may find ways to stimulate private colleges and universities to start new programs. Also, several new programs have begun to take their place in settings other than graduate schools of arts and science (such as schools of applied behavioral science, theological schools, schools of graduate education, medical schools, and autonomous professional schools). The amount of emphasis placed on scientific activity will vary as will the type of degree granted.

As you read the program descriptions, keep in mind that with the exception of the California School of Professional Psychology and the proposed professional schools of New Jersey and New York, these programs are not necessarily endorsed by NCGEP. As potential applicants, it is your responsibility to look beyond these descriptions and judge for yourself whether or not the programs meet the stated criteria. At this point we are not in a position to evaluate specific programs. The reason we make an exception of the California School (and the proposed New Jersey and New York schools) is that it meets all of our criteria and is thus the only one that can truly be called a professional school. While we must wait to see if these professional schools live up to their goals, their establishment represents the single most important step in what we see as the necessary trend of the 1970's in professional training.

Some of the programs in this monograph are quite traditional; i.e., they state professional goals, in some cases a professional degree, and may have a psychological service center, but most of their faculty are still primarily identified with academic psychology or under the jurisdiction of non-professionals. Other programs could be called expanded subdepartments. There are a few large enough to have a variety

of professionally oriented programs included; however, many are really traditional departments with traditional chairmen and perhaps one or two well known academic-clinicians. Then there are various approaches within departments of medicine. These may have strong professional representation in administrative and teaching positions and are partially oriented towards training professional psychologists to do what they'll do later on. The problem is that the psychologist is not in charge, diagnostic testing is still heavily emphasized, the greatest rewards are for doing academically-oriented research, and the most experienced professional psychologists are often not available for teaching purposes.

Finally, it is difficult to criticize many of these programs because they look so good on paper - the student must dig in closely to find out that many of the "clinical faculty" are really academic clinicians (often a number of research-oriented psychologists are listed as clinical faculty). In summary, only the proposed professional schools are truly innovative from our point of view; the rest appear to provide good professional opportunities and the balance are making an attempt toward some increased professional orientation.

Conclusion

As this monograph is being compiled, many psychologists all over the country are discussing the possibility of new professional training programs and a few are actually establishing them. We would like to conclude with an optimistic note about the 70's, but we are frankly unsure about the overall direction of our field. We're not sure whether people in given areas of the country understand that they can have new professional schools or,at least,separate departments of professional psychology.

The 70's could be a time of awakening for American psychology. Psychologists and other mental health workers could gather in new centers to provide the finest possible training for those who will use it to meet the needs of their clients, the profession,and society itself. Students could have the opportunity to train with faculty who are not only highly qualified themselves, but who are willing and eager for their students to enter the community and work with people. All the previous efforts of many outstanding psychologists - both "voices in the wilderness" and professional groups - could soon pay off. On the other hand, if we don't rise to meet the crisis by assuming responsibility for our own training, we are not going to meet the challenge fast enough and the void will surely be filled by others. That is, if basic changes in the structure of professional training are not made in this decade, then we can expect the public will protest poor services, other disciplines will take over our roles, and eventually the professional psychologist (if he still exists) will be even more dependent upon academic programs.

The only optimistic note we can add is the fact that there is now widely growing support for professional schools as the solution to our deficits in manpower and quality training.

Footnotes

1. Matulef, Norman J. and Rothenberg, Peter J., "The Crisis in Clinical Training: Apathy and Action", special bulletin of the National Council on Graduate Education in Psychology, Vol. 2, No. 1, May, 1968, p. 2.

2. Ibid.

   Matulef, Norman J. and Rothenberg, Peter J., "Toward New Schools of Professional Psychology: Goals and Action Program of the NCGEP", The Clinical Psychologist, Vol. 22, No. 1, Fall, 1968, p. 16-19.

   Matulef, Norman J. and Rothenberg, Peter J., "Toward New Schools of Professional Psychology: A Position Statement and Reply to Inquiries", in special bulletin of the National Council on Graduate Education in Psychology, Vol. 3, No. 1, April, 1969, p. 8-23.

   Rothenberg, Peter J. and Matulef, Norman J., "Toward Professional Training" in Professional Psychology, Vol. 1, No. 1, Fall, 1969, p. 32-37.

3. Cummings, Nicholas A., "The California School of Professional Psychology: One Alternative to the Extinction of Professional Psychology", in special bulletin of the NCGEP, Vol. 3, No. 1, April, 1969, p. 27-33.

4. White, Marjorie Taggart, "Ultimatum for Clinical Psychology: Breed or Die", panel on "The Case of Autonomous Schools of Practicing Psychology", annual meeting Eastern Psychological Association, April 4, 1970.

5. Statement by the E&T/BPA ad hoc Committee on Professional Training of the American Psychological Association. (See p.14)

6. Hock, E., Ross, A., Winder, C., eds., The Professional Preparation of Clinical Psychologists, Washington: APA, 1966.

7. Matulef and Rothenberg, (1968a), p. 19.

NCGEP PROPOSALS FOR REVISION OF APA ACCREDITATION

Karl E. Pottharst, Ph.D.

In presentations to APA Boards and Committees concerned with accreditation, NCGEP has urged basic revisions in APA accreditation to bring it into line with realities of professional training in the 1970's.

NCGEP has proposed the following changes:

1. That other training models as well as the scientist-professional model be recognized, including thorough-going professional training programs in which research skills receive a secondary emphasis.

2. That for accreditation purposes, definition of research be broadened to correspond to the actual variety of research activities in the social-behavioral field, to include theoretical, qualitative, action-research and empirical studies as well as those utilizing the controlled experiment with quantified variables.

3. That training programs be held responsible both to science and society. Programs must be held responsible to three groups in society -- students, consumers of services, and employers. Student needs and interests must be reflected in training program changes via student representation on planning committees. Consumers and employers must be represented in psychological manpower training conferences at the local and national levels where training program representatives are guided by changes in social need, level of public education, and shifts in the job market.

4. Training settings other than those operated by the academic departments of psychology must be recognized fully. We have in mind training programs in schools of education, medical schools, departments of behavioral science, theological schools and independent professional schools in the community.

5. Programs offering a Psy.D. instead of a Ph.D. must be recognized.

6. Programs must be required to place students only in practica and internships settings that maintain high standards not minimal standards of professional service to clients. Quality of professional training does not come from the academic standing of the psychology department but from the quality and level and reputation of the professional services offered in settings where interns are trained.

7. Programs must be required to provide training for high rather than minimal levels of competence. We are capable of training for full professional competence and this we must do. We will settle no longer for minimal-level competence of the journeyman scientist-professional.

8. Directors and administrators of training programs must be professional psychologists in that their major commitment is to providing service to people, whatever else their qualifications in

research and teaching are. There must be no pretending about this. Of course, an occasional physiological psychologist can do a better job of running a professional training program than many professionals. But we are not speaking of exceptions, we are speaking of a basic policy.

Any accreditation program basically reflects the values and philosophy of those elected and appointed to implement it, regardless of what it says on paper. Therefore NCGEP has urged that, since accreditation is accreditation of professional training programs, all new appointments to the Committee on Accreditation henceforth be professional psychologists in the sense of (8) above. It has also urged that psychologists doing the site visits and reviews be professional psychologists appointed by the Accreditation Committee from regional panels nominated by state associations and other professional interest groups within APA.

NCGEP asks all its members and supporting organizations to support its efforts to broaden and update APA's accreditation activities in the months ahead. What are needed are resolutions endorsing NCGEP's proposals from APA divisional and state association groups directed to the chairman and members of the Education and Training Board and to APA Council Representatives.

Statement By The E & T/BPA ad hoc Committee on Professional Training of the American Psychological Association

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Theodore H. Blau, Ph.D.
Douglas W. Bray, Ph.D.
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James G. Kelly, Ph.D.
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Norman J. Matulef, Ph.D.
Karl E. Pottharst, Ph.D.
Alan O. Ross, Ph.D.
Saul M. Siegel, Ph.D.

The ad hoc Committee on Professional Training was established because of wide-spread concern that a crisis exists in the training of professional psychologists both in number and in the appropriateness of their preparation. The Committee views its mission as promoting actions both within and outside APA to alleviate the condition underlying this concern.

A first step is to communicate a sense of urgency to decision-makers. Concomitantly, the Committee will examine the parameters of innovative attempts to improve professional training and encourage appropriate innovations by all means at its command. The Committee will develop conditions intended to stimulate new developments in professional training.

Since the 1940's organized psychology through APA policy has given official sanction to the scientist-professional role-model for clinical psychologists. At the last APA conference on professional preparation, the Chicago Conference in 1965, this model was reaffirmed.

While the Education and Training Board's policy of "permissiveness" has encouraged innovation and diversity within the framework of the existing training model, new adaptations have had to obtain official sanction as alternatives within the scientist-professional model. Other more basic innovative alternatives have not been deemed permissible.

In the years following its inception, there is no doubt that this model and its associated training paradigms served psychology as a needed professional standard and as an educational blueprint, giving direction and meaning to training efforts.

However, at this time we urge that the Education and Training Board give recognition to the fact that although useful in the formative years of professional psychology, in the 1940's and 1950's, the insistence on the scientist-professional model as the sole approach to training has increasingly become a constraint on our training efforts, since it fails to deal with the training problems and manpower needs we will face in the 1970's. There is a mounting consensus that, on balance, the scientist-professional model <u>as actually implemented today</u> has produced neither sufficient productive scientists nor adequately trained professionals.

We wish carefully to point out that our strictures concerning the scientist-professional model are in no sense a depreciation of the role of science as such in graduate education in psychology but rather an expression of the need to correct a misplaced research emphasis in programs of what should be thorough-going professional preparation. There is strong feeling among professionals in the field that the emphais on scientific and scholarly aspects of training has been at the expense of

those specific knowledges and skills necessary to effective practice.

There is some evidence that previous conceptions of professional training have not produced competent investigators for research on clinical problems. One of the critical issues for new types of professional training, is that graduate training programs clearly recognize that professional practice and research on professional issues may require contrasting skills. Each goal has intrinsic validity in its own right, so that programs should not necessarily attempt to blend these goals, and end up by achieving neither objective.

We would argue that those programs wishing to do so certainly be given every freedom to continue to guide their training efforts by the scientist-professional standard. But we ask the Education and Training Board to move beyond merely allowing existing training programs wide latitude in innovation and diversity and to begin to explore ways of actively providing incentives, opportunity to develop and support for a broader range of professional training programs than currently are conceptualized under the scientist-professional model. We would like to see psychology departments, faculties of professional psychologists, and other responsible professional training groups recognize that they are free to experiment with various combinations or mixes of the professional, scientific components. For example, we view with favor the Education and Training Board's agreement to <u>accept as eligible for APA approval</u> programs which are highly professional in nature, programs which address themselves in an integrated way to the problems of doctoral <u>and</u> subdoctoral training, or programs which do not necessarily require a research dissertation with the provision, of course, that such programs are otherwise qualified.

In making these recommendations, we have considered the relevant issue raised by the Chicago Conference,* namely, that professional psychology might be making unrealistic demands on existing institutions in wishing to train professional practitioners in innovative ways within the framework of the traditional graduate schools of arts and sciences. To this point we urge the Education and Training Board to consider eligible for APA approval training programs involving new administrative arrangements, such as the establishment of schools of psychology within academic settings, with the usual provision of fulfillment of customary requirements.

Each university department has the perrogative to determine how to distribute its teaching functions. Our hope is that innovative elements within the profession can be <u>actively</u> encouraged in working out new training programs and that such programs through cooperation between profession and university can be implemented.

At a future time the Committee will propose to the Education and Training Board specific means of implementing its proposals for training policy modification. We did feel it necessary at this particular time, however, to report our position on this issue because we believe it is particularly relevant to up-coming decisions of the Education and Training Board regarding accrediting professional programs as combined units instead of as sub-specialty programs, and particularly regarding the report of the ad hoc Committee on Standards and Criteria for the Accreditation of Doctoral Training Programs in Clinical Psychology, which once again reaffirms the scientist-professional model.

*Professional Preparation of Clinical Psychologists, APA, 1965, p. 73.

Chapter II

Innovative Training Programs

THE CALIFORNIA SCHOOL OF PROFESSIONAL PSYCHOLOGY

Goals and Guiding Philosophy of the Program

The California School of Professional Psychology was founded in 1969 by the California State Psychological Association in response to what CSPA regarded as four crucial needs: (1) The requirements of our society for drastically more professional psychologists than are being trained by our universities; (2) The unmet interest of students which has culiminated in as many as forty qualified applicants for each opening in a doctoral program; (3) The long overdue need for a complete overhaul of the current APA approved clinical training model to render it relevant to the later activities of practicing professional psychologists; (4) The importance of providing a realistic career and educational ladder beginning with the A.A. degree as the basis for a paraprofessional cadre and through the Ph.D. itself.

As the first autonomous school of professional psychology, CSPP is not just a clinical training program. It is a professional school with comprehensive vocational training in the undergraduate years (A.A. and B.A. degrees as paraprofessional) and specialties in the graduate years (M.A. and Ph.D.) with doctoral students choosing one major and two minors from among twelve specialties (such as administration, assessment, clinical, community, counseling, industrial, psychotherapy, school, social, etc.)

Innovative Aspects of the Program

In addition to its adherence to the principle of professional training by the profession, CSPP is an educational concept embodying many innovations. The campus is the community, and classes are taught wherever the knowledge to be learned is most in evidence in the community, and by instructors who are active in that endeavor. The Board of Directors is elected by the profession, the faculty and the students, and students serve on all faculty committees. Standards are high, with all students being evaluated by instructors, supervisors and peers, but the kind of competition which results from grades, unproductive examinations, demoralizing prelims and faculty rivalries are eliminated. The curriculum is a melding of knowledge, data gathering, field experience and personal growth that is designed to be a total educational environment, preparing students to render a scholarly as well as a professional contribution to society. The importance of research into human problems is a primary concept, but the traditional "scientist-professional" model has been reversed to that of a "professional-scientist" model.

The program is sequential and can only be entered in the fall. There are three mandatory trimesters each eleven month school years, with the equivalent of nine academic years (eighteen semesters) being completed in six calendar years from the freshman year through the doctorate. For the A.A. degree six trimesters are required (two calendar years equivalent to three academic years), three additional trimesters for the B.A., six further trimesters for the M.A., and beyond the masters degree six more trimesters for the doctoral program. A dissertation, defined as a scholarly contribution which makes use of appropriate and more relevant research methods for the study of man (such as the methods of the humanities) is required.

Instruction begins in the fall of 1970 in both Los Angeles and San Francisco with a faculty of over 150. No government or private foundation

support has been available this first year, and the program is being supported solely by the profession and the community. Eighty students have been selected (25 in each of the A.A. and Ph.D. programs in Los Angeles and 30 in the Ph.D. program in San Francisco). One-half of the A.A. candidates the first year will be on stipends funded by the profession, and there has been active recruitment of minority and disadvantaged students.

CSPP is endorsed by the NCGEP, APA Division 29 (Psychotherapy) and the Association of Black Psychologists. Not being a clinical program, but a professional school the APA does not now have the necessary machinery for evaluation of CSPP. The school is in the process of qualifying its educational charter with the State of California.

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GRADUATE TRAINING PROGRAM IN PROFESSIONAL PSYCHOLOGY
CLEVELAND STATE UNIVERSITY

Goals and Guiding Philosophy of the Program

The role of the professional psychologist is in a state of change and growth away from narrow traditional definitions and toward broadened concepts of activities and functions. In recognition of this, C.S.U. inaugurated in 1969 a two year terminal masters program in professional psychology. The guiding principle underlying the plan is simply that one learns how to do something by doing it and/or seeing it done. The purpose of the program is twofold: First, it is one attempt to meet the mental health manpower needs in a responsible way, i.e., training midline professionals so that their identification with the art and science of Psychology will not only endure but expand with developing concepts; and second to provide career opportunities for persons who are unlikely to spend 6 or 7 years in a Ph.D. program, but who have much to offer in the way of needed services. Students who complete the requirements for this degree will be qualified to assume professional responsibility for a broad range of assessment and remedial assignments within the framework of any agency or institution which offers psychological service.

The program is designed so that at every level, from the first day to the last, the student is immersed in human problems both, and at the same time, from the conceptual and from the practical or applied point of view. Content courses (theory) and practica at each level are coordinated as closely as possible. It provides for specialization in work with adults and/or children. Students specializing in work with children will qualify for certification as school psychologists in Ohio if they wish. In either case the student will be awarded the Master of Arts degree upon completion of the program requirements.

Planners and Administrators

The program was designed and is being administered by practicing professionals of long and varied experience. It is administered within the framework of the department of psychology and with the active participation of faculty members representing a wide range of special interests, e.g. experimental learning, multivariate analysis, developmental, etc. in addition to the traditional and not-so-traditional "clinical" disciplines. Professional training is carried on under the direction and supervision of Dr. Marjorie Creelman and Dr. James Bard. Dr. Creelman is chiefly responsible for the practica in remedial methods and supervision of interns. Her experiences cover a broad range of professional and scientific activity including private practice, extensive work with innovators such as Perls, Moreno, etc., agency and institutional work, consultation, research, etc. Dr. Bard represents a background of private practice, agency consultation and academic instruction.

Professional Responsibility

The professional responsibility for all clients seen by students during the first year's work lies ultimately with the faculty. Students are encouraged to hypothesize, suggest, risk-take and dream within the context of the practica experiences, all of which are monitored and supervised by faculty members at all times. In the second year "responsibility boundaries" are determined by agency and university intern supervisors in conference.

Research Training

Formal research training is necessarily limited by the time factor. A Ph.D. in two years is virtually impossible. The importance of a research orientation is emphasized throughout the two year training period, in both content courses and practica. It is the belief of the faculty that the nature of both "assessment-remedial" (applied) and "research" (experimental) processes is in essence the same. Both experimental psychologists and professional psychologists are presumably engaged in problem solving. They observe, form impressions, hypothesize, gather data and interpret that data. The professional's"interpretations" take many different forms which extend into the realm of application. Some minor formal research projects are carried out in the course of the practica (e.g. in the third quarter practicum a field assignment to analyze and assess a system of the student's choice is carried out).

Innovative Aspects of Program

There are several innovations in this program which may be worth noting. First, it represents a genuine effort on the part of psychologists from different backgrounds (experimental, clinical theoretical, clinical applied), with different interests (human assessment, developmental, social, etc.) and different long range goals (professional status, acquisition of knowledge, improving the human condition and just peaceful retirement) to construct and operate a training program in professional psychology.

Second, it immerses the student in human problems from beginning to end. The training installation is equipped with facilities for live observation, live video monitoring and video tape review. This permits direct observation of experienced professionals at work, inquiry and consultation with those professionals (as well as some "pinning down"), and direct involvement of the student with the video tape capacity for review. Whether or not the student is directly involved, he follows a problem, (individual neurotic, marital or family, groups of underachieving students, neighborhood dilemmas, life crises, etc.) from the moment of initial contact through all or part of a two year period of work with that problem. (The practica sessions consume 8 hours per week for two years).

Last, and perhaps most important, this program involves members of the entire psychological community. The original prospectus was drafted by one person, but it was conceived by many and it is implemented by many. The original prospectus expressed the ideas and the sentiments of many psychologists in the Cleveland area. As a result many psychologists wanted part of the action and demonstrated this by getting involved in planning and implementation. Members of the Cleveland Academy of Consulting Psychologists have volunteered time and expertise to plan, to make appearances before the students, to do their thing behind the window and/or before the camera and let the chips fall where they may. Psychologists in those settings where internships have been established have become so involved that they now want a voice in departmental policy--over and above just helping to plan and implement the program. The department of psychology at Cleveland State University believes this to be a very healthy and desirable state of affairs. The full-time internship is for one year (the second year), in a setting which focuses on innovative and sometimes experimental concepts of and approaches to psychological services of a wide variety. The student is directly and closely supervised by a member of the agency staff as well as by a

senior member of the university faculty whose functions it is to help the student to extrapolate and extend his concrete experiences to meaningful generalizations.

Educational Hurdles

Requirements for admission to this program are not yet fixed in any absolute sense. This is due mainly to the fact that no one knows too much about the constitution of a good professional psychologist. It is a concern of at least some of the faculty to add to our insufficient knowledge in this respect if possible. To this end, students may be asked to participate in research involving them as subjects and possibly as assistants, perhaps making use of existing instruments and/or devising new approaches for locating relevant variables.

The department will be evaluating the program on a continuing basis. This means that various kinds of data is needed. At the present time The Miller Analogies Test score is required. The Graduate Record Exam scores are requested. Transcripts of undergraduate work and letters of reference are required by the University. It is highly recommended that the applicant have a solid background in basic psychological principles, e.g. experimental, learning, statustics, etc. The applicant may request proficiency examinations as alternatives to formal course credits.

In the course of training, term papers, special projects, course examinations, reports, etc. will be required in accordance with the exigencies of the particular areas of training and learning. At the present time, no comprehensive examinations are deemed necessary for evaluation in view of the close collaboration between and among faculty, students, and intern supervisors. A thesis is not required.

One further departmental requirement is a statement of the applicant's impression of the human condition. It is the current hypothesis of the department faculty that a necessary, though not sufficient, condition for the effective practice of psychology is that the professional knows something about life. That is what psychology is all about.

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GRADUATE SCHOOL OF PSYCHOLOGY, FULLER THEOLOGICAL SEMINARY

Goals and Guiding Philosophy of the Program

The primary goal of our program is to train a special kind of clinical psychologist who is uniquely equipped to act as a bridge between the clergy and the various mental health professions. We are trying to train clinical psychologists who will speak the language of the clergyman and of the religiously oriented individual.

The program has been designed to emphasize the integration or interrelationships of psychology and theology in theory, research and practice. At the most basic level students are encouraged to work out a personal integration between their own religious beliefs and their psychological system. Integration of the whole person is emphasized. On a second level students are encouraged to bring the insights and techniques of contemporary psychology to clergymen and concerned laymen in order to help them more effectively meet the psycho-social needs of the church members and community. At this level the training emphasizes the acquisition of skills in consultation, training lay counselors and paraprofessionals, supervision, and program development and evaluation. A strong foundation is also provided in psychological assessment, psychotherapy, and behavior modification. The third area of emphasis is research in religious behavior. The School is committed to developing a major center for the psychological study of religious experiences. Finally, the program is designed for persons who, in addition to being practitioners, want to work on a conceptual-theoretical integration between psychology and theology. This final area allows for a philosophical emphasis for those students who are so inclined.

The School does not have a particular theoretical orientation. Several of the more prominent systems of psychology are represented in the faculty.

The Ph.D. in clinical psychology is the only degree offered, and the program takes a minimum of six years beyond the Bachelor's degree. Across these six years each student will spend about 50% of his time in data base and theoretical course work, 20% in research, and 30% in supervised clinical experiences.

Planners and Administrators

There are 7 full-time faculty members, 3 part-time, and approximately 50 clinical faculty in more than a dozen off-campus agencies. All full-time faculty members except one have Ph.D.'s in clinical psychology. The full-time faculty has a mean number of 15 years of post-doctoral experience with a range of 3 to 46 years. All faculty members are practicing clinicians as well as being engaged in teaching and research.

The Graduate School of Psychology is one of three associated Schools which comprise Fuller Theological Seminary. Administratively Fuller is a "mini" university with each school having its own dean and faculty. There is a president and board of trustees over the whole institution.

Professional Responsibility

Emphasis is placed on training a professional psychologist who assumes primary responsibility for his own clients. In order to help us teach our students to be fully responsible professionals, we are developing on

campus a comprehensive psychological center. Currently the center consists of three agencies: (a) the Pasadena Community Counseling Center, (b) the Child Development Center, and (c) the Church Consultation Center. All three agencies integrate research with professional services and emphasize the provision of meaningful psychological services to the community. Several additional services are in the planning stages.

We try to involve our students in the community and to involve the community, both lay and professional, in our program. Psychologists in the community serve as clinical supervisors, dissertation committee members, and examiners for our "clinical examination." The clinical examination is comparable to "prelims" in many other programs, but it is patterned after the state licensing and Diplomate examinations.

Students participate in most decision making processes for the program. The president of the psychology students' cabinet plus two other students serve as voting members of all regularly scheduled faculty meetings. Students are assigned to all major committees and may even serve as voting members of dissertation committees.

When a student is accepted into the School, the faculty makes a commitment to train him to the Ph.D. The faculty expects a reciprocal commitment from the student to work hard and long enough to reach what we consider to be Ph.D. quality. Formal and informal reviews are made of each student not less than annually.

Each student is assigned an advisor at the time he enters the program. He keeps the same advisor until he selects a dissertation chairman. The student and advisor meet not less than once each quarter.

Research Training

In their first year all students take a three-quarter sequence in statistics. experimental design, and general research methodology. In their third quarter they design their Master's-level research project. No Master's thesis is required, but students are encouraged to publish and/or present their studies at psychological conventions.

Students are expected to remain involved in some form of research throughout their six years in the program. Most students and faculty research focuses on psychotherapy, behavior modification, and religious experiences.

Research courses are taught by clinicians, and students are expected to learn how to integrate research with clinical practice and vice versa. Most dissertations written or in preparation have direct clinical significance, and we anticipate that a higher proportion of our students will engage in applied research than is true of the graduates in most clinical training programs.

Internship and Practica

During their first two years all students participate in on-going encounter groups which meet for 90 minutes each week. During the third year they are each assigned to a faculty member in order to observe the faculty member providing direct services to clients. This procedure requires each faculty member to put his behavior where his mouth is. In

the third year students begin their first supervised clinical experiences with clients. These first practicum experiences are part of the first courses in psychological assessment and psychotherapy.

The first off-campus clinical placement comes in the fourth year. Each student spends not less than a day and half a week for 12 months in a hospital or mental health center and is exposed to a wide range of problems and ages. This clerkship provides supervised experiences in both psychological assessment and therapy.

Internships are required for the fifth and sixth years at not less than half-time for each of the 12-month periods. The modal student spends one year of half-time and one-year of full-time internship. All students are required to spend one of these two years in an APA-approved internship.

Fuller students have taken or are taking clerkship training in 10 different hospitals and clinics. Internships have been taken in 14 facilities, 10 of which are APA approved. Each full-time intern normally receives a minimum of four hours of individual supervision per week.

Innovative Aspects of the Program

The major goals of the program listed earlier in this paper emphasized the School's various innovative aspects. The major innovation is the emphasis on integration of psychology and theology in a Ph.D. training program in clinical psychology. Toward this goal is a unique seminar series in which each quarter a different pair of professors, one psychologist and one theologian, jointly chair the seminar.

The School is unusual in that it is a graduate program only. There are no undergraduate students competing with graduate students for professor's time. The faculty is also unusual in that all members are clinicians who have a heavy commitment to the clinical training program. Since data base courses are taught by clinicians, students seem to acquire an understanding of the need for knowing general psychology well in order to optimize one's clinical effectiveness.

Special emphasis is being placed on training men and women who will be able to bring the facts, theories, and technology of general psychology to bear on the problems faced by churches and temples.

In order to help students' wives be informed about what their husbands are experiencing in graduate school and to promote personal growth in them, the dean of the School (Dr. Lee Edward Travis) and his wife run a weekly wives' group. The School also sponsors married couples therapy groups for our students, but the therapists are from off campus.

The development of the Church Consultation Center model is one of the more innovative aspects of the program. The Center is crucial to the development of our program, so that we may train students to go into communities throughout the country to establish similar centers that will capitalize on the physical and human resources found in the churches and other organized religious bodies throughout the country.

Educational Hurdles

The primary criterion for admission to the program is that the applicant wants to work on some aspect of the integration of psychology and theology.

Students not having such a desire would probably not be very happy in the School. Undergraduate grade point average (3.00 or higher), scores on the Aptitude Test of the Graduate Record Examination (combined score of 1100 or higher), letters of recommendation, and a personal interview form the basis for admission.

After admission to the program, the remaining hurdles consist of the following: (a) a year and a half of data base courses in psychology and an equal amount in theology; (b) a comprehensive essay examination covering six of nine broad areas of general psychology; (c) completion of a Master's level research project; (d) one year of clerkship; (e) two years of internship; (f) the clinical examination; and (g) the doctoral dissertation and final oral defense.

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PROGRAM IN CLINICAL PSYCHOLOGY AND PUBLIC PRACTICE OF HARVARD UNIVERSITY

Goals and Guiding Philosophy of the Program

The purpose of the program is to develop clinical psychologists capable of (1) developing preventive and remedial programs in the mental health field; (2) developing new modes of applied inquiry; (3) providing the public with the means for personal and social growth. The program's aim is to use knowledge of behavioral science, and specifically, psychology in the formulation and implementation of public policies that solve social problems. Much of the program's orientation now focuses around the family and schools as institutions having a major influence on development.

While the program includes study of and treatment with individuals, of greater importance is the treatment of primary institutions as settings in which individuals develop. Implicit attitudes in the structure of a school system affect the lives of thousands of children as do feelings and personalities of teachers and their supervisors. Churches, as already established natural groupings can serve large segments of the public through activities which the new ministry is eager to accomplish. Industry and labor organizations have important potentials as settings for the improvement of psychological well-being, as does government, especially in its law-making and peace-keeping functions.

Public practice looks beyond the territorial confines of specific communities, classes, colors, regions, to affected populations, wherever they may be. The program has a problem-centered orientation, seeking out problem and growth areas such as school failure and disorganization, drug addiction and alcoholism, early education for children,parent-child relations, and racial conflict and youth.

Planners and Administrators

The program is a joint program of the Harvard faculties of Arts and Sciences, Divinity, Education, and Medicine, administered through the University Committee on Clinical Psychology and Public Practice. The core faculty of the program includes members from each of the program's faculties, most of whom are trained in clinical psychology or psychiatry. The core faculty include Bruce L. Baker, R. Freed Bales, I. Ira Goldenberg, Charles Hersch, David C. McClelland, William C. Perry, Chester M. Pierce, William R. Rogers, John M. Shlien, and Richard R. Rowe, Director. In addition, a number of field supervisors are appointed annually and participate in program planning, teaching, and evaluation.

Professional Responsibility

Students are expected to assume training-related professional responsibility from the beginning of the program, with a minimum of one day a week in the field. After an initial broad survey of a variety of field settings the student, with the assistance of his advisor, selects a field setting for the year. Settings vary considerably depending upon the interests and career goals of the student. Each student establishes specific goals for himself at the beginning of each year; written evaluations by the field supervisor, course instructors, and semi-annual reviews involving the supervisor, advisor, and student are used to help the student assess his development and revise his goals.

Research Training

Applied research methodology is central to the program, with particular emphasis on formative evaluation techniques. Statistics and research design are necessary competencies which can be demonstrated by examination, or the successful completion of appropriate courses. The emphasis is on problem-solving; insofar as possible research training is accomplished within the context of practical projects involving students and faculty.

Internship and Practica

There is no required internship in addition to the field work experience in the first two years and the field involvement required for the thesis. There is an effort to integrate the field experiences and the course work as much as possible throughout the program. Practice in individual and institutional assessment and treatment are a part of the first and second year curriculum.

Innovative Aspects of the Program

The program is problem-oriented and oriented toward developing specific competencies in the development and evaluation of improved programs which promote mental health. The emphasis is on training in problem-solving rather than on direct delivery of services. No pre-doctoral training in this field is offered. Post-doctoral training is under development. Evaluation of student progress is done with each student and according to the individual goals agreed upon by the student and his advisor.

Educational Hurdles

Virtually all students have had some post-bachelor practical experience in providing social services in such positions as community mental health workers, teachers, Peace Corps volunteers. Twelve to fifteen students are admitted each year to the three-year program. Applicants whose primary interests are in becoming psychotherapists either on an individual or small group basis are not admitted. An annual comprehensive evaluation of the student's progress to date is the primary evaluation procedure for the program. Before beginning the thesis students are required to have demonstrated competence in a number of areas agreed upon as relevant to their career objectives. The thesis is normally a project demonstrating the ability of the student to develop and implement an innovation in his field, and to evaluate and generalize about the results.

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THE DOCTOR OF PSYCHOLOGY PROGRAM
UNIVERSITY OF ILLINOIS

Goals and Guiding Philosophy of the Program

The Doctor of Psychology program is designed to prepare psychologists for professional work at the highest levels of responsibility. Emphasis throughout is placed upon preparation for careers of clinical practice and public service. Ideological coherence is aided by relating clinical techniques to the theoretical and methodological framework of general behavioral science. The scope of the basic discipline involved extends from physiology through individual and social psychology to sociology, and borders on such related disciplines as economics, political science and law. An extraordinarily wide range of procedures may be accommodated within this framework.

The first year of training is concentrated on education in basic behavioral science, research methods, an introduction to clinical psychology, and involvement in some kind of professional or preprofessional work. During the second year, training is offered in psychological assessment, medical psychology and neuropsychology, community psychology, and at least one form of change-directed professional activity. The third year is devoted entirely to professional training by way of numerous laboratories in clinical psychology. At the present time, laboratories are offered in two forms of individual psychotherapy, systematic desensitization, hypnosis and dream interpretation, two forms of group counseling, behavior modification programs in residential settings, and several forms of community intervention. The fourth year of training is devoted to an internship. At the end of the fourth year, upon review of performance records and approval of a report emphasizing innovation in professional work, the Doctor of Psychology degree will be awarded.

Planners and Administrators

The program is operated by the Department of Psychology of the University of Illinois. The faculty members most directly involved with clinical training have extensive clinical experience, and most of them are actively engaged in some form of professional activity as well as the performance of academic teaching and research functions. Approximately half of the clinical laboratories are conducted by psychologists whose main employment is in a professional field agency but who serve as university faculty members on a part-time basis.

Professional Responsibility

Supervisors and students jointly assume full responsibility for the professional work they do, whether with individuals, groups or community agencies. Students and supervisors characteristically work as co-professionals, with orienting, planning and supervisory sessions conducted in small groups. Performance in all laboratory and field situations is closely and mutually evaluated, i.e., supervisors describe and evaluate trainee functions while trainees describe and evaluate supervisor functions. Evaluations and remedial suggestions are routinely delivered to the participants who can profit most from them. Yearly appraisals are conducted by an evaluation and guidance committee made up of department faculty and field agency representatives. Recommendations of this committee are employed to guide students in the choice of appropriate academic and professional training experiences.

The program as a whole is conducted on a self-correcting experimental basis. Data concerning performance in professional work are gathered with

special care and investigations to improve methods for assessing clinical competence are regularly underway. Information regarding the careers of students and their performance in those careers will be gathered throughout training and in the jobs students enter after formal training is complete. These data along with others will be employed to aid the continuous improvement of the program.

Research Training

All students receive training in research design and quantitative methods. No formal thesis is required, but all students prepare a "program report" during the final year of graduate study. Content may vary widely to include reviews of professionally relevant literature, evaluations of existing programs, theoretical contributions, case studies, plans for new programs, or any other content the student and his evaluation committee consider appropriate. The need for careful evaluation of existing methods and for innovation in the development of improved conceptions and procedures is stressed in the program report.

In its more general emphasis, however, the Doctor of Psychology program is designed principally to provide training of the highest possible quality for professional service. Students mainly interested in research are encouraged to enter the Ph.D. program, which is expressly designed to prepare psychologists for careers in clinically relevant scientific research. The D.Psy. and the Ph.D. programs are conducted jointly and in a parallel fashion by the Psychology Department. Transfer from one program to the other, principally as indicated by change in student interest, is flexibly allowed. Students who wish to prepare for careers combining research and professional service may do so in several ways, including the attainment of both degrees.

Internship and Practica

Initial training is conducted principally from the base of a psychological service center sponsored by the Department of Psychology. Some of the intermediate level clinical laboratories and most internships are conducted at two nearby comprehensive mental health zone centers, a nearby veterans hospital, the University Counseling Service, and increasingly in association with community agencies organized to accomplish preventive rather than meliorative aims. Close working relationships with these agencies are maintained by mutual consultative appointments which place some field agency personnel on the university faculty and some university faculty as consultants in the field agencies. Internship at other more distant agencies is allowed by the Evaluation and Guidance Committee upon special justification by the trainee and assurance by the internship agency that training of the highest quality will be offered.

Innovative Aspects of the Program

This is the first departmentally operated clinical psychology training program in the country designed outside the Ph.D. scientist-practitioner model established at the Boulder Training Conference over 20 years ago. If the program continues to be as successful as preliminary findings suggest, the Doctor of Psychology model may not only furnish a pattern for similar professional programs elsewhere, but a sanction for innovative change which clinical psychology has so far appeared to lack.

The program is one of the few in the country, professional or otherwise, which builds professional practice strongly on the theoretical

and methodological base of behavioral science, and so provides an unusually wide range of technical services and a self-corrective capability which should foster the continued improvement of the services we provide.

At the present time, major efforts in program development are concentrating on community intervention, though this change is shared with many other programs across the country. Unique features of the Illinois program will probably revolve about the integration of behavioral and community emphases as these are emerging here. The community program already includes training operations addressed to subprofessional personnel, and given expected additional financial support will soon include programs to train students at the B.A. level for work as change agents in community organizations, residential institutions and comprehensive mental health agencies.

Educational Hurdles

Formation of the Doctor of Psychology program has allowed unprecedented freedom from the academic constraints usually associated with the Ph.D. tradition. No foreign languages must be learned. No formal dissertations are required. Academic hurdles, as hurdles, are nonexistent. The following review procedures, however, are maintained as parts of the program. D. Psy. students take the same written qualifying examination as Ph.D. students. The scope of the examination is defined by reading lists in clinical psychology and the conceptual foundations of psychology. The examination is designed to establish minimal performance levels of knowledge in these two fields. It is ordinarily taken late in the second year or early in the third year of study and practically all students pass it the first time through. The few who fail are given appropriate remedial advice and encouraged to take the examination again. No one in recent years has failed on the second attempt.

Successful completion of the qualifying examination is required for admission to internship training. Much more important in internship recommendation, however, is a review of performance records from practicum and clinical laboratory training. These records, along with those concerning academic performance, are reviewed by the Evaluation and Guidance Committee during the second term of the third year of training.

At the end of the internship year, additional records of professional performance are reivewed along with the program report discussed above. Certification of professional competence by this committee will qualify students for the Doctor of Psychology degree.

The major "hurdles" in this program are not by way of completing degree requirements but of getting in the program in the first place. Very large numbers of applications are received and only a small number of students can be admitted. For several reasons, we are presently restricting admission to students willing to commit themselves to four full years of study, though special abbreviated programs for advanced students are being planned for institution at a later time. Besides academic grades and high test scores, we are looking for students with strong preparation in the behavioral sciences and especially for intelligent, socially competent people who wish to dedicate their professional lives to careers of useful clinical practice and public service. Any evidence pertaining to those qualities will be noted when admission decisions are being made.

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POSTGRADUATE INSTITUTE OF PSYCHOTHERAPY OF JEWISH HOSPITAL

Goals and Guiding Philosophy of the Program

The Department of Psychiatry of Jewish Hospital has been aware of the increasing demand in the St. Louis area for skilled psychotherapists to practice and teach in a variety of private, institutional and community settings. These settings include community mental health centers, social service agencies, hospitals, university clinics and others. The need is more acute as the mental health professions are training fewer psychotherapists and the training that is available is often geared to minimal levels of competence rather than toward maximal levels of professional competence.

There is a lack of intensive training in psychotherapy in the largest psychiatric residency program, the two major doctoral programs in clinical psychology and in both local social work schools. Several agencies offer a few in-service seminars and supervisory experiences. No program exists which provides a careful integration of course work and practical experience. Such a program is needed to provide continuing education for psychotherapists wanting to improve their skills and offer wider services to a variety of populations in the community.

Increased numbers of lower income populations, adolescents and college youth are seeking psychotherapeutic treatment. Families are seeking increased services and many individuals want a group therapy experience. These newer services require not only a careful understanding of the theories of personality development, but an increasing awareness of the interpersonal and socio-cultural influences on human development. All of this suggests a need for an interdisciplinary program of psychotherapy training which will provide more than the fundamental background in evaluation and techniques of psychotherapy.

The primary objective of the program is to provide each trainee with broad and thorough training for the practice of psychotherapy. The curriculum is designed to provide the trainee with those theoretical, technical and personal skills that will enable him to pursue his professional work with the highest level of effectiveness. Courses will be oriented toward the needs of professionals with some degree of clinical experience in psychotherapy. The base of such an education includes a foundation in psychoanalytic theory and technique as well as an understanding of contemporary ego psychology.

Planners and Administrators

Instructors and supervisors will be psychoanalysts, psychiatrists, clinical psychologists, social workers and allied professionals from the full-time and attending staff of the Department of Psychiatry of Jewish Hospital.

Innovative Aspects of the Program

The core curriculum consists of courses dealing with a practical integration of case material and readings in a context of psychotherapy with a variety of clinical populations. There will be specific case illustrations as well as ample opportunity for discussion of theoretical issues and a variety of treatment modalities.

The program will cover two years and twelve courses. The first year will consist of courses in evaluation of psychotherapy; two courses in

psychotherapy with adolescents; two courses in psychotherapy with adults and evolution of ego psychology. Each trainee will also have two hours of weekly supervision.

The six courses in the second year will deal with special problems of treatment in a variety of clinical populations. Courses will be offered in problems of transference and counter-transference, use of dream material, and problems of therapy with a variety of character structures as well as problems of individual and group treatment with various income populations. There will be a continuation of clinical material and reading assignments and two weekly sessions of individual supervision. Courses are held at Jewish Hospital from 1:00 p.m. to 2:30 p.m. on Tuesdays and Wednesdays. Supervisory sessions will be arranged with the trainee's private or clinic cases providing case material.

The ultimate goal of the program is the fullest possible development of the trainee in personal awareness and professional skills within the limitations of the two year program of training.

Admission Requirements

Applicants should be graduated from approved programs in psychology, medicine or social work and have at least one year of supervised psychotherapy experience beyond the formal program.

Each applicant will submit a curriculum vita, three professional references and have participated in or be participating in his own intensive therapy. After the applicant has submitted his credentials, an interview will be scheduled with a member of the admissions committee.

Tuition of $500 per year (3 trimesters) is payable in equal installments on October 1st, January 1st and April 1st. Upon satisfactory completion of all courses the trainee will receive a certificate of completion from Jewish Hospital.

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TRAINING IN COMMUNITY PSYCHOLOGY AT THE UNIVERSITY OF MICHIGAN

Goals and Guiding Philosophy of the Program

The purposes of the predoctoral training program, leading to the Ph.D. degree are two: (1) to provide doctoral students in clinical psychology with training in community service; (2) to provide community development experiences for students in social, clinical and organizational psychology, along with students in the Inter-University Doctoral Program in Urban and Regional planning. It is expected that at the conclusion of four years of the program, the graduate will be able to create community service, community development work, or community research in varied social settings.

Theoretical orientation includes extensions of ego psychology to analysis of behavior and community settings, crisis theory, and various approaches to small group and organizational behavior relevant for community settings. Special attention is given to concepts from biological ecology applicable for the study of person and environment interactions.

Students are expected to acquire basic skills in (a) assessment of persons in social settings; (b) theories of social competence and organizational development; (c) therapeutic interventions at the individual group, organizational or community level. Opportunites are available for students to participate in research which evaluates relationships between individual or group responses in natural settings. Integration of theory and practice is emphasized by faculty and students, relating theory and practice, as they work in communities.

Planners and Administrators

Training is offered by faculty in primarily three areas of the Department of Psychology (Clinical, social and organizational psychology) as well as various Institutes of the University, such as the Institute for Social Research and Institute of Gerontology. Faculty also make contributions via joint degree programs in education and psychology and social work. A major facility for training is the Washtenaw County Community Mental Health Center in Ann Arbor. Other facilities are the University of Michigan Counseling Center, Ypsilanti State Hospital, Detroit-Wayne County Community Mental Health Board and during occasional terms, the South Shore Mental Health Center, Quincy, Massachusetts.

Primary supervision of students in community psychology is provided by Saul Cooper, Adjunct Associate Professor and Director, Crisis Walk-In Clinic, Washtenaw County Community Mental Health Center; Sheila Heddegard, Ph.D., Lecturer, Department of Psychology and Director Ypsilanti Program Service Area, Washtenaw County Community Mental Health Center; James G. Kelly, Professor of Psychology, and Peter R. Mattis, Ph.D., Assistant Professor of Psychology. Supervision includes various modes of case, crisis and program consultation, emergency psychological treatment, social system analysis, and ecological and social interventions and community development. Other faculty who provide supervision in speciality areas are: Lawrence Appleby, Ph.D., Associate Professor of Psychology, and Chief Psychologist, Ypsilanti State Hospital; David Kopplin, Ph.D., Assistant Professor of Psychology, and Director of Student Services, University of Michigan; and Marilyn Kolton, Ph.D., Lecturer Department of Psychology and Project Director, Institute For Social Research; and Floyd C. Wylie, Ph.D., Associate Professor of Psychology, and Director of Community Organizations, Detroit-Wayne County Community Mental Health Board. Faculty in other Departments and Schools who contribute to the

training program are: Leonard Gottesman, Ph.D., Associate Professor of Psychology and Institute of Gerontology; William C. Morse, Ph.D., and William C. Rhodes, Ph.D., Professors of Psychology and Education School of Education, and Professor Lenin A. Baler, Ph.D., Director of Science in Hyg., Professor of Psychology and Public Health. The above faculty are actively involved in various types of training in community mental health and community service and research.

Professional Responsibility

Both students and faculty share joint responsibility for training and are continuously evaluating their intervention efforts. Students and faculty carry out a formal evaluation of each other's performance twice a year. The entire program is under review at least once a year. During the spring of 1970, graduate students began planning the entire scope of the program including curriculum, field training, and recruitment of new faculty.

Research Training

Research supervision is provided via the completion of an independent study during the first two years of graduate work, and by research assistantships during early graduate careers where the student works collaboratively with faculty. Curriculum in social, organizational psychology, emphasizes the development of research competence in survey research methods, naturalistic methods, and organizational assessment techniques. The various Institutes at the University, provides additional opportunities for students to learn skills appropriate to their individual career goals. Cognate courses in various Schools of the University provide still other opportunities for students to obtain important skills such as epidemiologic methods, consultation techniques, therapeutic milieu studies and others. A longitudinal study of coping preferences of adolescent boys in varied high school environments provides still another opportunity for students to study intensively person-environment interactions as well as the requirements and techniques for doing community studies.

Increasingly students are offered opportunities for evaluating interventions in group, organizations and communities and are encouraged to participate in a broad range of action research projects. It is the view of this training program that it is essential that varieties of organizational and community settings be available to the student so that they receive training in designing studies relevant for the unique and local conditions of the community.

The style of research training at the University of Michigan is to enable the student to learn how to design methods that reflect the unique conditions of the environment rather than applying conventional methods to all settings. Opportunites are provided for studies of school systems, police departments and various types of communities, including suburban, and rural satellite communities and urban centers. Increasing focus is given to the processes for working with black communities as well as rural and working class white communities. Issues of confidentiality, accountability, as well as defining conditions for making the results of the research directly and immediately useful to the client system are dealt with.

Internship and Practica

Field training is provided at the Washtenaw County Community Mental Health Center, the Institute For Social Research and the Washtenaw County Government. Students are involved in multiple levels of therapeutic activities with a broad range of client systems. They are encouraged to collaborate with different disciplines who possess varying levels of professional and non-professional roles. Collaborating staff includes psychologists, sociologists, nurses, psychiatrists, and a number of civil servants and citizens. Intensive supervision, both individual and group are provided, plus opportunities for multi-disciplinary in terms of the needs defined of client systems. Record-keeping focuses upon the processes by which persons in varied social economic groupings receive various types of professional help.

Of particular interest is the design of record keeping systems for various types of consultation services. Recent attention has been given to the development of criteria for evaluating primary prevention activities, where the purpose of the community program is to produce a systematic change in the functioning of a social organization. The assessment of indirect effects of therapeutic intervention presents a new research problem of increasing significance. At the present time studies include the evaluation of emergency walk-in services, defining characteristics of clients served by a multiple-service program and a variety of consultation services. Steps are being taken to arrange for students to receive supervision in settings outside the Southeastern Michigan area. Collaboration with the National Training Laboratory will help to diversify skill training available to students and will further expand the range of community settings available to students.

Innovative Aspects of the Program

Current innovative aspects focus upon (1) Ecology and social interventions, as major content areas; (2) Varieties of consultation practices, and (3) Training students to collaborate with non-professionals and non-psychologists. Students also have been encouraged to develop their own criteria for professional goals and competences and objectives of the training program. Increasingly students have been involved in training under-graduate students to hasten the development of career preferences for community work. Several of the key courses in the program are designed to be taught so that multiple-disciplines can design interventions in a group setting. As the program develops there is increasing attention given to involving community groups in the evaluation of the training. There is also an attempt to provide as many different options to fulfill requirements as reasonably as possible. Naturalistic studies, case studies, and theoretical treatises are acceptable for the fulfillment of research requirements. Credit for field training can be obtained by participating in therapeutic programs in case and organizational change activities.

Educational Hurdles

Beginning in the fall of 1971 students with one or more direct community experiences in American and non-western cultures will be given preference as applicants. Requirements for admissions will also include preparation of a design for community change program as well as presenting applicant's own views about relevant training.

Major examinations include a pre-lim examination, oral or written, which focuses on a key substantive area and the preparation of a detailed analysis of a topic prior to the completion of the doctoral dissertation. Increasing future involvement of other professionals and citizens will be involved in the examination of students. It is expected that the student will complete the program in four years, including use of summer terms for intensive field experience in community settings outside of Southeastern Michigan.

Context

Doctoral training in clinical, organizational, and social psychology already provides a background and perspective for developing training in community psychology. Specific training in community psychology at the University of Michigan emphasizes: (1) Continuous Inter-Disciplinary Interaction; (2) Involvement in community work during the entire period of training; (3) Emphasis upon mixing theory and practice; (4) Taking advantage of local community events for training purposes; (5) Use of community resources in the training program; (6) Designing evaluations for community work, as well as faculty and student performance.

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This description of the Michigan program is an interim statement that reflects the broad outlines of the program. The spirit of the program is that it is under continuous review by both faculty and students.

A TWO-YEAR TRAINING PROGRAM FOR MENTAL HEALTH TECHNICIANS MONTGOMERY COLLEGE, TAKOMA PARK, MARYLAND

Goals and Guiding Philosophy of the Program

The manpower shortage in the mental health field has been documented for decades. Increased enrollments in university training programs have been matched - and even more than matched - by increasing needs for these professionals. In recent years, however, the development of Associate in Arts-level programs has been a significant new step towards the alleviation of this problem. The pioneering efforts of Rioch and her associates have been followed by the training of child development workers, mental health counselors, rehabilitation aides, and other sub-baccalaureate professionals. Yet, it has been interesting to observe that not many persons in the mental health field are aware of the current scope of such efforts.

The recently inaugurated (1969) two-year course to train Mental Health Technicians (MHTs) at Montgomery College will serve as an illustrative program. This 8,000 student community college is located in Montgomery County, Maryland, which is a suburban area adjacent to Washington, D. C. There are two campuses, and the MHT program is based at Takoma Park, a community which straddles the Maryland-D.C. line. As with most other MHT training, the college's Department of Psychology is the faculty and administrative base, and the A.A. degree is granted by the college at graduation.

The conceptual plan is to train mental health generalists with skills in interviewing (including the administration of certain psychological tests), behavior change (including group and individual counseling and psychotherapy and behavior modification), research (with the emphasis upon observation, data collection, recording, etc.), and resource facilitation (including the blending of community resources with those individuals who require such services). These broad skills might then be further refined and focused while working on-the-job to more specific duties, as in mental retardation, education, mental health clinics and hospitals, community action and social service centers, etc. After graduation, the MHT should be able to function directly and under supervision with a broad variety of clients and patients as a middle-level professional member of the mental health field. Middle-level implies that "position" of the MHT is above that of the first-line worker (e.g., the psychiatric aide or attendant in a hospital) but below that of the fully trained and qualified professional (e.g., clinical psychologist, social worker, psychiatrist, research psychologist).

Planners and Administrators

At Montgomery College, all members of the psychology department participate in the training of MHTs since the curriculum includes many psychology and mental health courses, but those faculty with a background in clinical psychology share primary responsibility. Each year, 25-30 new students are admitted to the program after first meeting the college's general requirements for entrance to the school. There are increasingly many more applicants than can be admitted, and selection emphasizes maturity, ability, interest, and aptitude. Experience shows that MHT applicants are somewhat older and hence more

experienced in living than the typical college freshman. Some are women whose children have grown, some are first-line mental health workers who want to prepare themselves for increased responsibility, and while others are recent high school graduates, there are also some applicants who are college graduates wishing to enter the mental health field. One was a pediatrician with many years of experience who wanted some training in an area lacking in his own background.

Practica and Coursework

The MHT Curriculum at Montgomery College is designed to accomplish one or more of the following: (a) to train terminal MHTs who will then enter the mental health work force immediately after graduation; (b) to provide the community college student with an academic background which will enable him to transfer to a university where he can continue with his studies in one of the disciplines related to mental health, such as psychology, sociology, and education; (c) to permit already-employed individuals to further their education on a part-time or full-time basis.

These goals are accomplished by a curriculum which provides an Associate of Arts education into which is embedded appropriate courses and experiences in mental health. The basic program is flexible and can be accomplished in two academic years, plus the intervening summer term: indivudal programs may be arranged so that the student with family or vocational responsibilities may take a less concentrated sequence than is usually the case.

During the first year, the student takes six credits of English, a one-credit Freshman Seminar, a four-credit Biology course which emphasizes human physiological function, two credits of Physical Education, a three-credit introductory Sociology course, and a four-credit Science course. All of the foregoing are open to other college students, as are General Psychology and Personality (both three credits). MHT students also take three-credit courses in Group Dynamics and Mental Health.

There is a four-credit field work placement during the summer which follows the freshman year.

The second year student takes two additional semesters of field work and courses in Activity Therapies, Abnormal Psychology, Group Dynamics, Physical Education, and electives in Psychology, Sociology, and Humanities. When completed, the curriculum requires approximately 36 semester credits.

The three field work placements require one full day during the regular college year and twice that during the summer term. Under supervision by the agency where he is placed, the student performs a different set of services at a different site each semester. This provides for a broad introduction to functions and organizations in the mental health field. In general, the mental health agencies have reacted positively when invited to participate in our program. At the present time, students have been placed at such facilities as the Lorton Reformatory of the D.C. Department of Corrections, Chestnut Lodge, National Institute of Mental Health (Adult Psychiatry Branch), Springfield State Hospital, Crownsville State Hospital, St. Elizabeths Hospital, and the Washington Psychiatric Institute. Future placements

are planned, in addition, for several centers for the retarded, suicide prevention clinic, a trouble-shooting "hot line" service, community mental health clinics, alcoholic rehabilitation centers, and others.

Throughout his training, the emphasis is on the student as a responsible professional who has a useful role to perform, under supervision, in helping to alleviate the mental health problem - defined very broadly - in our society. Undoubtedly, curricula and functions will change with time and experience, but it already seems evident that the way has been opened to increased and diverse utilization of mental health technicians. Psychology - academic, scientific, and professional - has many opportunities in this developing movement.

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A POSTDOCTORAL PROGRAM IN BEHAVIOR MODIFICATION
STATE UNIVERSITY OF NEW YORK AT STONY BROOK

Goals and Guiding Philosophy of the Program

Within the past decade a gradual but steady movement toward a more behavioral, social-learning conceptualization of human functioning has created a training need among clinical psychologists interested in behavior modification which exceeds available training facilities. It was toward the goal of fulfilling at least a small part of this training need that the Postdoctoral Program in Behavior Modification was instituted in the Psychology Department at the State University of New York at Stony Brook in the fall of 1966.

We conceptualize the field known variously as "behavior therapy" or "behavior modification" by construing psychotherapy as an extension of general experimental psychology. We go beyond the limits set by others who, in construing the field as an attempt to apply to clinical problems the laws and principles of "modern learning theory", restrict themselves to conditioning therapy based on classical and operant conditioning techniques. While we would not take issue with the general recognition of certain therapeutic techniques as constituting a portion of behavior therapy, we would disagree with the tendency to equate the field with the techniques extant, emphasizing instead a critical, experimental approach and not merely the technical aspects of behavior modification.

Although there is considerable controversy regarding the proper training of clinical psychologists, and whether that training should be carried out in a professional school or an academic setting, we feel that our conceptual alliance with experimental psychology makes the academic setting especially appropriate for the implementation of our program.

Professional Responsibility

Supervised by members of our psychology department, the Fellow assumes complete responsibility of his clients, drawn from an unselected sample of clinical problems presented at the university clinic. In working with such problems as unassertiveness, "identity crises", test anxiety, sexual and interpersonal problems, therapy is formulated with an emphasis on operationally defined terms, careful experimentation with recognition of principles which are in a continual state of re-evaluation and revision, and acknowledgement of cognitive, mediational processes which play a significant role in changing human behavior. While we use conditioning procedures as vehicles for behavior change, we also believe that the complexities of human behavior require conceptualization which makes judicious use of intervening variables. Thus, our postdoctoral students are exposed to a conception of behavior modification as an applied portion of general psychology, not a field narrowly defined by current conditioning techniques. As our thesis that clinical activity within a behavioral framework is basically similar to the thinking engaged in by research psychologists, we regard the behavior therapist as a clinically oriented psychologist who exercises critical thinking in regard to the gathering of psychological data. While we equip our Fellows with certain skills and procures currently available, we also emphasize the academic Weltanschauung devoted to asking certain kinds of questions about behavior, its nature and control.

Our Postdoctoral Program in Behavior Modification runs for one year, September through August, and entails a full-time commitment from each of the four Fellows selected. Eligibility is restricted to people who have earned a Ph.D. in psychology and who have completed an adequate one year clinical internship. For both practical and didactic purposes, the Fellows devote appropriately twelve hours per week in direct contact with clients in our Psychological Center. In addition, the Fellows handle emergencies of crisis intervention and function in the role of consultant, a role shared with the clinical faculty on a monthly, rotating basis. Fellows may also see clients of the Child Unit of the Psychological Center; during the past two summers, research demonstration projects involving the training of parents in behavioral principles to be applied to their own disturbed children have been part of the Fellows' activities.

Planners and Administrators

Almost without exception, clinical supervision of Postdoctoral Fellows is carried by clinical faculty members holding regular academic appointments in the Department of Psychology; these faculty members have direct contact with clients in the Student Unit as well as supervisory responsibilities. Each Fellow is also assigned a "mentor" for a semester. The mentor's function is intentionally left somewhat vague to allow weekly discussions of clinical, research, methodological or theoretical problems proposed by the student. Another mode of supervision allows each Fellow to meet with either or both of the two clinical faculty members each week who take turns in "rotating supervision". The Fellow has the opportunity to make optimal use of the talents and interests of the entire clinical faculty, even those whose teaching assignments may not include specific contact with the Postdoctoral Program.

Innovative Aspects of the Program

Probably the key aspect of the program is a weekly seminar conducted by the Coordinator of the Program. Most of the seminars are devoted to training and in demonstration of specific techniques; in addition, problems of assessment and choice of appropriate treatment for particular sets of behaviors are discussed. About every five weeks, an outside consultant with special interest in behavior modification participates in the seminar discussions as well as in a departmental colloquium.

Postdoctoral Fellows sit in, whenever possible, with cases being seen by the clinical faculty in order to learn from advanced practitioners more about the complexities of being a clinician in this orientation. As supervisors of clinical graduate students in practica, Fellows have the opportunity to work with students less advanced than they. Graduate seminars, open to Fellows and graduate students alike, allow further exploration of the research and theoretical literature. Ten to twelve hours are set aside for independent reading or research projects, and the weekly get-together of the clinical faculty, the "Clinical Workshop" offers yet another opportunity for discussion and learning in this varied program.

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THE NEW DOCTORAL PROGRAM IN CLINICAL PSYCHOLOGY AT THE NORTHWESTERN UNIVERSITY MEDICAL SCHOOL

Goals and Guiding Philosophy of the Program

Our goal is the production of a clinical psychologist not only able to undertake in a clinical situation the functions that have classically been associated with the practice of clinical psychology, but with a sufficiently broad background so that he may function in the continuing development of new procedures, techniques, and approaches. The student is exposed continually to a faculty of predominantly practicing clinical psychologists who are able to bring to bear to classroom and supervision practical clinical considerations. The faculty has been formed to represent no specific philosophy: the program is so conceived that no one viewpoint or approach is emphasized. The student may obtain enough background in theory and practice of different kinds to eventually decide which one of them is most compatible with his predilections, personality and interests. He will be exposed in practice and theory to a psychoanalytic approach, non-directive therapy, behavior modification therapy and existentialism by individuals whose primary skills are in that field. The program extends from person to person work to the broad base of community psychology. It is our belief that exposure to a wide variety of theoretical orientations, a wide variety of modes of approach to problems in the area of clinical psychology, and a wide variety of didactic and practical experience will allow the student to arrive at a mode of operation and identification with clinical psychology which will stand him in good stead irrespective of the setting or population he may ultimately serve. The student's time from the first year in the program allows for contact with an actual clinical population in a clinical setting. There is increasing skill developed during the graduate years until at the end of the program the student should be able to function at a staff level with minimal supervision. This is the level of competence of the student awarded the Ph.D. degree. An M.A. degree is offered and the level of skill and theoretical sophistication is appropriately lower with the functioning oriented primarily toward diagnostic activity with a less intense exposure tothe various therapeutic modalities.

Planners and Administrators

The Division of Psychology is within the Department of Psychiatry. The Head of the Division of Psychology is responsible to the Chairman of the Department of Psychiatry. The faculty of the Division is organized independently and through a committee system evolves procedures determining its goals and functioning in the areas of teaching, practice and research. The psychology faculty consists of seven full-time Ph.D. psychologists. In addition, there are ten part-time faculty members, all with the Ph.D. degree. The degrees for the full-time faculty were granted one in 1937, one in 1949, four during the 1950's, and one in 1965. Of the full-time faculty, four are clinical psychologists, three with primary interests in research; eight of the part-time faculty are clinical psychologists, two are primarily involved in research or administration. The Division of Psychology is within a Medical Center complex and the affiliated faculty have primary appointments at other institutions (VA Hospital, Children's Hospital, Rehabilitation Institute, Pediatric Institute, etc.) and participate in the faculty via committee assignments, teaching and supervision.

Professional Responsibility

The model which we use with graduate students is that developed in our internship training program. Administrative responsibility for clinic

organization is provided by the psychiatrist who is Chief of Outpatient or Inpatient Psychiatry. Decision-making responsibility for the psychology staff is given to the Director, Clinical Psychology Services. Individual patient responsibility lies with the student and with the psychologist who is providing supervision of the individual or group psychotherapy. While the psychologist functions within the administrative guidelines of the clinic and hospital, day to day care and decision-making is left entirely to the supervisor, and depending upon the student's level of training, to a greater or lesser extent to the student. Through case conferences, intake conferences, and case review procedures the student is able to obtain appraisal of his efforts by others both psychologists and non-psychologists. Since the student-faculty ratio is very low there are continuing informal reviews of student's functioning; meetings with supervisors are a continuing aspect of the teaching process, these also provide an opportunity for review and evaluation.

Research Training

Three of the full-time faculty members are full-time experimental psychologists and they will provide the formal course work in the areas of learning, animal behavior, psychophysiology, computer applications to research design and analysis, personality theory, and reproduction and childbearing in humans. Clinical didactic courses will focus upon relevant research to support the theoretical and formal knowledge acquisition of the student. Students will be provided the opportunity to work with specific faculty members in an apprenticeship fashion with increasing responsibility and independence as they show the capability of assuming a widening role. Ongoing programs in drug abuse and in community psychology and affiliation with neighborhood programs allow the student the opportunity to participate in community developed facilities and new methods of providing service.

Internship and Practica

The graduate student will have an opportunity to carry out his internship functions concommitantly with completing the formal, didactic aspects of the program. We have already noted the students introduction to patients as beginning in the first year. Should the student desire to carry out his internship activity at another A.P.A. approved facility, either affiliated with the Northwestern Medical Center or not, this is acceptable.

In addition to the students from our own graduate program who obtain their internship experience in the Northwestern affiliated clinics and hospitals, the Division of Psychology has an A.P.A. approved internship program. Funding is available through the N.I.M.H. or through the Medical School itself for those not eligible for N.I.M.H. funds. Only predoctoral interns are accepted, the internship is for an eleven months. period, internships generally begin in September, but there is some flexibility in this. The intern is introduced immediately into clinic and hospital functioning. He is accepted as a junior staff person with decision-making responsibility provided on the basis of his skill and competence. At the present time there are six Ph.D. psychologists providing supervision at the internship level; interns participate in all ongoing clinic training activities available to the psychiatric residents and medical clerks; they may enroll in graduate courses taught in the Medical School, including those in our own graduate program. The

clinic staff in addition to supervising psychologists consists of two full-time persons whose responsibility is entirely to provide psychological test services, one full-time, two half-time, and eight part-time psychiatrists, and three full-time social workers. Formal record keeping by the intern consists of no more than fifteen minutes per week; secretarial services are provided for most record keeping functions, making appointments, etc. Therapy notes serve as the basis for the supervisory experience. In addition to group and individual psychotherapy, the student participates in a crisis intervention program, a community psychology program, and, as he wishes, may obtain experience with such therapeutic modalities as behavior modification approaches. As the intern becomes skilled in his service functions and knowledgeable about procedures in the clinic he is given increasing independence in his functioning and is able to determine for himself the need and point at which supervision is appropriate; throughout the internship there is an opportunity to serve in a teaching capacity to the psychiatric residents and the medical clerks.

Innovative Aspects of the Program

Overall,the innovative aspects of our graduate program lie in its organization within the context of an actively operating clinical psychological service by psychologists who are actively providing psychological services, all in private practice to some extent. The thrust is to continually search for new areas and types of service in the interface between consumer and the provider. Graduate students and interns are encouraged to explore new activities and functions, for we believe that it is during the training phase of development that the entire range of interests, skills and learning opportunities should be explored. In these endeavors the student assists in the decision as to the mode and type of supervision that is appropriate. Opportunities range from store-front facilities in poverty areas, to crisis intervention, to opportunities to travel with police, to the more classical areas of training in individual and group therapy and psychological testing. Since we cannot predict with exactitude the activities which psychologists will be asked to carry out in the next decade, we can only provide a thorough grounding in the practice of clinical psychology today, as many new and varied experiences as possible, and a flexibility in approach to problem situations of a psychological nature.

Educational Hurdles

The student will be admitted to candidacy for the Ph.D. degree as soon as possible, preferably between the third and sixth quarters of residency in the Ph.D. program. In addition to one year of graduate study, the student must meet the following requirements: a written examination covering statistics, research design and experimental methodology, recent advances in the field of his specialty and other areas contributing to the specialty area; an outline of a research project for a doctoral dissertation; and an oral examination covering the research proposal and general knowledge in this particular field.

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Innovative Aspects of the Program

The curriculum itself is designed in three inter-related parts to bring together academic knowledge, clinical experience and research expertise. The first year program is the core course, emphasizing research tools such as statistics and experimental design, history of psychology, and seminar discussions of on-going research in the department. Each student serves an apprentice research role on a project during this year. Tutorials in which each student rotates to a different faculty member each quarter allows closer examination of conceptual, methodological and applied features of professional work. The first-year practicum, taking eight to ten hours per week in an institutional setting allows the student to observe current clinical issues, problems and practices.

During this year and by the Winter Quarter of the second year, a Master's thesis idea can be developed and carried out. Demonstration of research competence by other than a Master's thesis may be considered, but this requirement must be met in some way prior to the third-year clinical internship. Formal advancement to doctoral candidacy is accomplished by passing a two-part qualifying examination; the written part of this examination is evaluated by the student's advisor and two other members of the faculty, while the oral examination includes members of the Psychology Department and a representative from the Graduate School of the University.

Although not yet in operation, part of our program is planned around a proposed Psychological Center on the University campus, a Center which will be a further implementation of our goal of developing scientist-professionals. The activity of the Center will be that of a research laboratory, where systematic investigation can take place. We envision the main concern of the Center to be the appraisal or change in behavior of individuals, groups, larger organizations and social systems. This will also provide a setting for evaluation of research-intervention projects in the community under controlled laboratory conditions. The Center will also be an administrative agent for faculty research projects that involve graduate students, coordinating and initiating projects which serve as a point of contact with the broader community.

Educational Hurdles

Following the internship, which may be taken in a setting chosen by the student, the doctoral dissertation is the next requirement. An approved draft of the completed dissertation must be presented to the Graduate School office at least six weeks before the end of the quarter in which the degree is to be awarded, and the student must pass a final oral examination administered by his dissertation committee and other examiners. The requirements for the doctorate, including internship and dissertation, are usually completed within four to five years.

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SCHOOL PSYCHOLOGY TRAINING PROGRAM
RUTGERS - THE STATE UNIVERSITY

Goals and Guiding Philosophy of the Program

The goal of the school psychology training program at Rutgers is to produce a doctoral level psychologist-educator, a specialist who is knowledgeable about what happens to children in interaction with the school through the study of what is currently known and applicable in psychology. It is assumed that the school is a unique social institution and that school psychology is an applied psychological specialty. While there is some overlap in techniques and approach with other professional specialties, such as clinical and counseling psychology, the orientation of the program is clearly educational. The program intends to explore all relevant areas of psychology - social, educational, industrial, clinical, experimental, developmental - which may contribute to the education of psychologists committed to the solution of school problems.

Planners and Administrators

The Rutgers training program is housed in the Graduate School of Education, consisting of 72 faculty who are specialists in the areas of Social and Philosophical Foundations of Education, Educational Administration and Supervision, Science and Humanities Education, Vocational and Technical Education, Reading, as well as Psychological Foundations. The Department of Psychological Foundations consists of 26 faculty specializing in various aspects of School Psychology, Counseling Psychology, Special Education, Statistics, Measurement, or Educational Psychology. Four curriculum faculty assigned to School Psychology advise students, conduct courses, seminars, and supervise students in specific school psychology activities. Department and School faculty offer courses in the area of their specialty which are available to school psychology students. Elective courses are available in departments throughout the University; e.g., Sociology, Psychology, Arts and Sciences.

Professional Responsibility

Graduates of the program are doctoral level psychologists, eligible for APA membership and certification and licensing in the various states. Basic knowledge in psychology, education, and both psychological and educational techniques is required, but the program is designed to permit students to specialize in one or more of the following areas: 1) Administration of psychological or pupil personnel services in the schools, supervision of other non-doctoral school psychologists and other pupil personnel service workers; 2) college and university teaching, especially in school psychology training programs or in teacher training institutions; 3) conducting research on problems and practices in the schools; 4) professional practice in school systems; consultation, in-service training of teachers.

Research Training

Students are encouraged to become involved in action research from the beginning of their graduate study. Students have supervised experiences in the schools all four years of their training, and the focus from the first year is upon the identification of the problems of the schools and the application of the techniques of research toward the solution of those problems. Students may also work on faculty research projects of interest

to them, not only within their own curriculum but throughout related areas in the University.

Competence in research techniques is available both through courses offered through the curriculum of statistics and measurements, the graduate school in Statistics, and the Computer Center. Students may elect to specialize in applied research in the schools.

The culmination of student research activity is the doctoral dissertation. Emphasis is placed upon the dissertation as a contribution to knowledge that is meaningful, valuable, and useful to the specialty of school psychology. Dissertations may range from experimental to highly applied, and theoretical papers are encouraged. Emphasis is on quality rather than on any particular approach to research.

Internship and Practica

Course work during graduate training is integrated with supervised experiences in the public schools in nearby communities, and the school systems vary from large districts with urban problems to small districts each with its unique problems. Students at first and second year levels of training are supervised by advanced Practicum (third year level) students as well as by faculty, as "supervision is supervision" is an integral part of training. A cooperative arrangement has been established with a school district whereby the school contributes to the salary of a faculty member whose major responsibility is coordination and supervision of student activities in that school district. Students spend a minimum of eight weeks (usually in the summer) in an institution or agency which deals with children with severe problems, such as diagnostic centers, state schools for delinquent children, mental hospitals, and institutions for the retarded. The full year internship experiences vary with student needs and interests. For example, internships may be a public school placement, in a community clinic which serves school districts, in teacher training institutions as "intern-teacher", or a teaching-supervising assistantship in a School Psychology Training Program. Internships range geographically from Canada to Florida, and from Maryland to California. A requirement of internship placement is that one day a week shall be devoted to research activity.

Innovative Aspects of the Program

The training program at Rutgers emphasizes the integration of didactic course work in psychology and education with immediate and actual experiences in the setting in which the graduates will practice their specialty. In addition to their traditional "course load", students (all full-time) are required to spend at least 8-10 hours per week in supervised experiences in the schools, and to attend weekly seminars at the University which deals with their school experience. Students are expected to integrate their research activities with both their school experience and their course work.

Another innovative aspect of the problem is its flexibility. Although designed as a four-year doctoral program (from the bachelor's degree level), students are admitted to the program at various levels of training and from a variety of background and experiences. The interaction of students from various backgrounds and levels of experience is an important part

interviewing program applicants, and meeting prospective new faculty. The program is located in a professional school and is self-contained. It benefits from access to University resources but, at the same time, has autonomy and is free to develop and modify.

Educational Hurdles

Full-time study is required, and regardless of the level of previous graduate work, students must spend a minimum of two years at Rutgers. At the present time, stipends are available from an Office of Education grant under the Educational Professions Development Act and from the National Institute of Mental Health. A minimum of 72 graduate credit hours are required (exclusive of credit for Dissertation Study), of which a minimum of 42 graduate credit hours must be from Rutgers University. Students are required to meet standards for School Psychology Certification in New Jersey, requirements of the Graduate School of Education for the Ed.D. degree. As students are admitted with a variety of backgrounds and experiences,evaluation is made of each student's background in order to determine placement in basic or advanced courses, and each student's program is highly individualized. Students must demonstrate basic competence in the broad psychological foundations before taking the Qualifying Examinations. The Dissertation requires a pre-oral examination and a defense.

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TRAINING PROGRAM IN APPLIED CLINICAL PSYCHOLOGY
DIVISION OF PSYCHOLOGY, UNIVERSITY OF TEXAS MEDICAL SCHOOL AT DALLAS

Goals and Guiding Philosophy of the Program

Graduate work leading only to the Ph.D. degree in clinical psychology is offered by the Division of Psychology, University of Texas Southwestern Medical School at Dallas. This program aims to provide the student with the opportunity of electing an educational sequence which emphasizes extensive professional preparation and incorporates community-wide clinical and consulting experiences, while maintaining those basic science underpinnings which made the psychologist's approach distinctive -- a concern with the spirit of inquiry, responsiveness to behavioral data, critically evaluated theory. Major stress, however is placed on a conceptualization of clinical psychology as fundamentally an applied field, a way of conceptualizing what people are like and of working with them, and their env ronment. Emphasis, therefore, is on the functional, pragmatic preparation for professional practice in its most generic sense and at its highest level.

Over and above the traditional goals of higher education this program aims to: (1) provide the basis for a closely knit integration between psychological knowledge and a responsible professional service; (2) make available a wide variety of supervised and broadly conceived clinical and consulting experiences; (3) increase sensitivity to professional responsibilities in the context of significant social needs; (4) heighten interest in formulating and implementing applied clinical psychology research; (5) facilitate student identification as a clinical psychologist with a minimum of ambiguity and ambivalence.

Planners and Administrators

The program emphasizes an unusually high faculty-student ratio; to maintain this important feature, admissions are currently limited to 8-10 students per year. The bulk of the faculty are either academic-clinical or service-clinical in their primary work identification. At the present time there are 15 full-time and 14 part-time faculty. Altogether nine are diplomates in clinical psychology of the ABPP. There is small but growing basic science psychology faculty; in all areas, considerable reliance is placed on the manpower resources available in the Dallas-Fort Worth area.

Taken as a whole, the faculty presents a fairly well balanced working-clinical-psychologist model to the graduate students. Commitments are in large part to traditional and innovative service applications of clinical psychology, together with an emphasis on applied research and graduate level teaching.

Although the Division of Psychology is a unit of the Department of Psychiatry, the graduate program itself is the responsibility of the Graduate Studies Committee in Psychology (an interdepartmental faculty group) which is directly responsible to the Dean for Graduate Studies and to the Graduate Faculty Executive Committee for the conduct of the program.

A faculty-student committee furnishes an important mechanism for student input and significant program modifications have come about from their efforts.

Research Training

A profession is in part defined by a basic core of theory and facts which must be mastered before practice is independently undertaken. Professional clinical psychology is no different in this respect. Our approach is perhaps best characterized by the following propositions:

1. Since it is not possible for all scientific psychological knowledge to be taught, that basic science material which is currently or potentially most germane to professional practice should be given first priority.

2. There must be careful internal integration of content of basic science courses so as to avoid duplication, significant gaps or undue parochialism.

3. As much as possible, close coordination between basic and applied segments of the program must be maintained so that the interdependent relevance of one to the other is clearly demonstrated.

Although our program does not propose to graduate thoroughly accomplished basic research investigators, it does recognize that good clinical practice cannot be divorced from what are the basic principles of the scientific method. As a result, a critical appreciation of relevant methodology and an awareness of current research problems in clinical psychology are important components of the program. A dissertation is required, with the aim of instilling a capacity for continued post-graduate scholarly development (not necessarily defined by publications). Evaluation-action research leading to the solution of pragmatic problems in real life socio-psychological contexts is encouraged.

Internship and Practica - Professional Responsibility

The most significant contribution that a truly professional program must make regards the range, type, and depth of experience available to the fledgling professional. Our program is designed to give, during the second, third and fourth years the equivalent of a 20 month full-time internship which is paralleled by appropriate didactic courses. The student is provided intensive supervision from both full-time and part-time faculty. Clinical work is graded in complexity to meet the student's training needs and supervision is designed to increasingly foster independent judgment and exercise of personal responsibility by the student. Our program utilizes the Medical School clinical facilities - which are extensive in themselves - as a springboard into the community. A sizeable number of community and specialized agencies, schools, clinics, etc. make up our training consortium. The extended internship which follows the first year practicum sequence attempts to provide experiences in basic aspects of clinical psychology in different settings and with varying client and patient populations. The fourth year student may also elect, with the advice of the faculty, to "specialize" in a particular setting, client population or phase of activity.

Innovative Aspects of the Program

Our major stance revolves around the clearly acknowledged professional and applied nature of the program. This implies a stress on the continuing relevance of various training segments to the student's

ultimate goals which incidentally need not be exclusively limited to the practice of psychology. We do, however, attempt to avoid the ambiguities involved in tacking on professional training to an educational sequence highlighting those technical skills that go into the training of a full-time basic science investigator. Simultaneously, the program attempts to articulate the notion that scholarliness, critical thinking and concern with validity are absolutely essential to the development of high level professionally relevant abilities.

A number of departures from traditional training in clinical psychology are already mentioned elsewhere in this material. Additional features of this program include a close working relationship with allied disciplines and professions, opportunity for extended (conceivably up to three years) client contract or follow up, availability of personal and educational growth experiences for graduate students, extensive involvement with part-time associates from the psychological community, opportunities for some of the newer growth and change modalities (encounter and sensitivity groups, behavior modification, family therapy, etc.), participation in community mental health efforts as well as in non-health related community organizations.

Educational Hurdles

a. Admission. Students must meet the admission requirements of the Graduate School which include a baccalaureate degree with undergraduate preparation in psychology, an acceptable grade point average and satisfactory scores on the Graduate Record Examination Aptitude Test.

b. Qualifications for Candidacy. The student is accepted into candidacy following satisfactory completion of the first year of the program which includes both basic and clinical courses. An attempt is made to judge the student's overall scholarship and personal competence, as well as his appropriateness for clinical psychology roles.

c. Doctoral Committee and Dissertation. After successful completion of the above requirements a doctoral committee is appointed. It conducts a preliminary examination, supervises dissertation and carries out the final oral examination.

d. Clinical Examination. During the third year students must demonstrate proficiency in clinical psychology by successfully completing a clinical examination which is characterized principally by faculty observation of the student's skills in the areas of problem evaluation and constructive change.

Although there is room for electives in the third and fourth years, ours is essentially a lock-step program (as training sequences in law and medicine have traditionally been). As a result it is expected that students will complete the program in four years.

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Chapter III

Proposals for Innovative Programs

THE NEW JERSEY COLLEGE OF PROFESSIONAL PSYCHOLOGY
THE ORGANIZING COUNCIL FOR A COLLEGE OF PROFESSIONAL PSYCHOLOGY

Goals and Guiding Philosophy of the Program

The Organizing Council for a College of Professional Psychology has been formed to establish a professional college where all levels of training in practicing and applied psychology may be conducted. The Council plans to perform the functions of a development institution including: assembling faculties, establishing links with the community, developing model curricula, selecting and preparing the college sites, obtaining private and public funding,and supervising all the initial operations. Finally, when a college charter is obtained, the Organizing Council shall dissolve and yield all of its powers and functions to the College.

The demand for all psychological services has risen sharply in the past decade. At the same time, the rate of growth of personnel output has been declining. This has resulted, in New Jersey and nationwide, in seriously understaffed clinics, hospitals, government and private agencies, schools for retarded and physically handicapped children, industries, and private sources of mental health services.

This supply-demand paradox is likely to continue into the foreseeable future, since university graduate departments of psychology are unable to meet the demand. Fewer than one thousand doctoral-level psychologists with practicing skills are produced annually in the entire United States. At that rate, we can expect that there will be turned out fewer than one fully trained practicing psychologist per quarter million persons.

As important as the issue of numerical output is the Council's regard for the quality of professional preparation. Academic psychology within a university setting stresses the output of research-trained Ph.D.'s. This is altogether consistent with the historical arena in which psychology developed. However, many areas of professional preparation and community involvement must necessarily be neglected in a liberal arts setting.

Although graduate schools may excel in their avowed purpose of training researchers, experience points clearly to their paucity of involvement in training service-oriented personnel. The public is seeking a wide variety of services from applied psychologists, for which liberal arts graduate schools provide inadequate training. Practical experience and supervision in evaluation and therapeutic skills is generally left for a late phase of training, with low priority and minimal value attributed to these functions. Traditionally, graduate students have had minimal opportunity to become intimately acquainted with patient and client populations and usually obtain relatively little supervision. Often, academic departments relegate applied training to an internship facility, which may be both geographically and administratively completely independent of the degree-granting institution. The unfortunate result of this separation of training functions has been the production of incompletely-trained professionals who require long periods of post-graduate development before genuine competency can be achieved.

The Organizing Council considers professional, practical training of great importance in its own right; it deserves complete facilities in which a mature practitioner can develop. It is this belief which has led to the dedication of our group. We feel strongly that such training

can occur best in a separate professional school which is independent of the traditional liberal arts graduate school

The overall philosophy of the curriculum shall be in terms of meeting the practical needs of the community for psychological services. The curriculum of the school shall be relevant to contemporary problems such as drug abuse, alienation of the young, race problems, and breakdown of social and legal controls. The school shall try to anticipate emerging problems and develop innovative approaches of the delivery of mental health services. The school is further dedicated toward developing theory and technique of constructive social change.

Students will be trained in an atmosphere of professionalism with due regard for scientific foundations. The emphasis will be on developing the student into a practitioner -- a psychologist exposed to the body of knowledge in the applied and theoretical fields, yet primarily one who has learned to use himself as a relating, experiencing, involved person. The orientation of the school requires training in the areas of observation -- communication -- psychological evaluation -- treatment - (individual, group, community) -- applied research -- and first hand knowledge of cultural, social, economic, and political aspects of life. Students will learn to recognize their own motivations, and to understand the motivations of others. This is to be taught in classes using traditional lecture and discussion methods, as well as in seminars, in group process experiences, in tutorial sessions throughout the program, in personal therapy. and in observational experiences in all the areas of human life from birth to death.

Students will be selected for their capacity to relate to others -- for their interest in people -- for their demonstrated competence in handling intellectual work -- and for their capacity to develop their own emotional resources.

Planners and Administrators

It is the philosophy of the college that students should have extended interaction with professional psychologists, who serve as role-models. The principal faculty will be largely composed of experienced psychologists recruited from the professional ranks. The faculty will be expected to continue their professional work within the setting of the school. Therapy instructors will be therapists. Research instructors will be active, applied researchers.

Professional Responsibility

Students will be involved in clinical work as part of the Core Program from the outset of the professional training program. Supervision and client responsibility will rest with the staff who will all be licensed practicing psychologists. Students will be evaluated by staff, supervisors, faculty and fellow students. Grades will not be given. Student progress will be determined by periodic evaluation and full discussion with all involved.

Research Training

Research will be a full 2 year program with emphasis on problems in living. The orientation is towards solving practical problems in the community, in clients, in schools. Research in basic problems of learning,

perception, emotion, etc. will not be the focus of study. FACULTY WILL BE PSYCHOLOGISTS ACTIVELY ENGAGED IN PRACTICAL RESEARCH.

Internship and Practica

A full year internship is planned for the 4th year. It may take place in the college itself where family clinic, child clinic, adolescent services will be available. It will also take place in schools, industries, community agencies, etc. under appropriate supervision. Therapy practica will cover all 4 years of study with active participation by practicing therapists. Group process experiences will be a permanent part of the life style of the college and personal therapy will be a voluntary addition. Therapists will have no administrative function regarding the student and strict confidentiality will be maintained.

Innovative Aspects of the Program

1. Direct contact with practicing professional psychologists in
   a. observation of experienced therapists in practice
   b. group process experiences.

2. The developmental psychology curricula will cover the life cycle from birth to death with participant observations appropriate to each level of study. Participant observation in different settings such as pre-natal clinics (when studying the early part of the life cycle - that is settings will be entered consonant with the area of study) nurseries, schools, courts, hospitals, neighborhood clubs, old age homes, etc.

3. The program will include training in community psychology. Field work in various community agencies, action programs, etc.

Educational Hurdles

A. A Masters in Psychology will be granted upon completion of the 2 year core program. (M. Psy.)

B. Following the two year core program specialization will take place in which the internship year and the third year will be concentrated in the field of specialization that the student chooses such as clinical, industrial, school, community.

C. Upon completion of the four year program including the internship, upon demonstration of clinical competence, or competence in the other specialized areas, a Doctor of Psychology degree will be awarded. (Psy. D.)

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A PROPOSED PROGRAM FOR A SCHOOL OF PROFESSIONAL PSYCHOLOGY IN NEW YORK
THE COMMITTEE ON PROFESSIONAL TRAINING
OF THE NEW YORK SOCIETY OF CLINICAL PSYCHOLOGISTS

The Executive Board of the New York Society of Clinical Psychologists has formally approved the establishment of a non-profit corporation to develop curriculum and fund raising for a School of Professional Psychology, chartered by the State of New York. The tentative goals and curriculum of the program are as follows.

Goals and Guiding Philosophy of the Program

NYSCP's charge to the Committee on Professional Training was to investigate solutions to the crisis in the training of clinical psychologists working directly with people rather than in an academic or research setting. The charge recognized that the manpower shortage in adequately trained clinicians, both in the traditional sense and in relation to society's new and urgent needs, dangerously confronts clinical psychology with the question of survival as a profession. The charge included the consideration of establishing a model professional school for clinical graduate students in the Greater New York area, under the auspices of NYSCP.

The committee recommends the establishment of an autonomous professional school of psychology which would confer a doctoral degree upon clinical candidates, upon satisfactory completion of a four-year course emphasizing intensive training in working therapeutically with people, under competent and sufficient supervision, in the context of theoretical courses designed to be relevant to the training. The goal would be to give the graduate student the best possible clinical training before he gets his doctoral degree, and not doom him to the expensive, time-consuming pursuit of clinical training after the doctorate.

There is also the larger goal of helping to meet society's crucial needs. The students who want to become clinical psychologists feel just as bereft, neglected and full of reproachful dissent as all the other students. They want to be trained in meaningful ways to deal effectively with the terrible world they confront. Presumably, because we are experts in human nature, we want to train our successors to have a far-reaching impact upon society. The committee sees this question as basic: can new approaches in clinical training build more lines of communication between ourselves and our students and between our students and society, between the leaders and the followers, so that we can help to sustain life on this planet, as we know it.

We recommend, therefore, that the New York school include the challenging common denominator to be found in the approach of the California and New Jersey schools, namely, preparation for the psychologist's role in relation to society. Clinical training would include actual experience in a variety of real settings, ranging from pre-natal obstetrics to elementary schools, juvenile courts, adolescent addiction problems, work with the police, family agencies and even the senior citizens. We urge an emphasis from the beginning--the first year of graduate training--not only on supervised psychotherapy but also provision for either individual psychotherapy or group psychotherapy for the clinical graduate student. The goal is to help the clinician-to-be to find out what the world is like, what he might contribute to it and what his own problems are.

We see the desirability of a two-track approach, recognizing the divergent training needs and interests among students. Some may wish to specialize in meeting community mental health needs and some may wish to specialize in psychoanalytic training for private practice. It is conceivable that one school of professional psychology could offer both types of training.

We recommend that the New York School be empowered to grant a Doctor of Psychology degree, with whatever changes in chartering and/or state licensing this may entail. The requirements of the Doctor of Psychology degree would be developed as a part of the whole curriculum for the school, with the goal of providing the best possible clinical training and using proof of clinical competence as a substitute for the doctoral dissertaion. We recognize, however, that the worth of the Psy.D. degree involves winning recognition of the validity of this degree from the whole profession of psychology. Because of the magnitude of this task, we realize that it may be necessary to open the school, offering a Ph.D. with a clinical dissertation requirement, but following the curriculum approach suggested.

Planners and Administrators

Naturally, we would strive to get the most competent and challenging faculty possible, with a balance of informed, innovative approaches and traditional experience. We believe that the supervising faculty should be experienced practitioners, whether in community mental health work or private practice, that they be committed to working effectively with people and that they want to transmit this commitment and skill to students. As for the administrative structure, we hope that a university affiliation can be worked out, giving the New York school of professional psychology the same autonomy within a university structure that schools of medicine, law, social work and dentistry now enjoy. We see the task of providing the equivalent of a university structure, with all of the library, administrative and cross fertilization of knowledge facilities offered, as very large. We hope that we will not have to resort to setting up an autonomous school of professional psychology, apart from a university context.

Professional Responsibility

The attitude toward students, the expectations of supervisors and the hoped-for outcomes have already been touched upon. Certainly, plans for regular evaluation of the program and for change, where indicated, would be built into the over-all curriculum.

Research Training

We would hope that our proposed school could do relevant research on the comparative long-term effects of ego psychology, i.e. contemporary psychoanalysis, with some of the more radical approaches of sensitivity training, marathon groups and behavior modification. Community mental health needs demand short-term therapy. Can the concepts of contemporary psychoanalysis generate fruitful short-cuts or must other theoretical approaches be used? Only research can answer this question, research which could be carried out in part by our students to provide them with training in methodology and research procedures. This, surely, would be in line with the science-practitioner model so relentlessly demanded by our profession, and validly demanded, as long as the practitioner part of the model is not erased by the scientist.

Internship and Practica

This has already been covered, in some measure. For our patient population, it is conceivable that we would endeavor to work with NYSCP's own Psychological Service Center rather than to set up an additional clinical facility for the proposed school. If internship or practica experiences were to be worked out with other agencies, it would seem most advisable that the student's supervision continue to be under the school's auspices.

Innovative Aspects of the Program

This has also been covered, to some degree. We would hope, that out of the training experiences, the self-evaluation, the comparative research suggested, would emerge guide lines for the development of new services or the repatterning of existing services to solve specific social problems or community crises. We do urge that the New York School, once in being, broaden its base as soon as possible to grant an Associate in Arts degree to undergraduates completing a two-year course. This degree would be especially designed to train paraprofessionals now urgently needed in schools and other areas of community mental health. In addition to meeting a broad public need, the granting of an A.A. degree can open the door to obtaining federal grants. But, above all, the opportunity for cross-fertilization and greater awareness of the needs of deprived people--black, Puerto Rican, white,-- in our society could only enrich our school of professional psychology.

One possible innovation would be to offer doctoral candidates in community mental health an opportunity to specialize in one or more areas such as drug addiction or race relations, community leadership or parent-child relations.

Educational Hurdles

We assume that such problems as the nature and desirability of major examinations, either in connection with entering, progressing or graduating, would have to be worked out with the faculty, once the school is in being. Entrance requirements, hopefully, would be tailored to attract the kind of dedicated clinician-to-be for which the school would come into being.

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THE MASTER OF ARTS IN CLINICAL PSYCHOLOGY AND THE DOCTOR OF PHILOSOPHY IN CLINICAL PSYCHOLOGY UNITED STATES INTERNATIONAL UNIVERSITY

The following is a proposal to establish two degree programs within the Graduate Divisionof Clinical Education; submitted to the Graduate School of Leadership and Human Behavior, United States International University. Space does not permit the printing of the suggested curriculum.

Goals and Guiding Philosophy of the Program

At the United States International University we are developing a model training program for new types of mental health personnel. The purpose is to train individuals not schooled in the traditional approach of "clinical" psychology, with its emphasis upon psychopathology and deficit motivation; but, rather to train "facilitators" whose approach to human problems and "problems in living" is through an emphasis upon the growth potential in each individual, upon growth motivation and fulfillment of potential through creative expression of self.

Individuals will receive training, research instruction and practical experience designed to lead to licensing as "marriage, family, and child counselor" or as "psychologist" in the State of California.

The type of "pathology of the normal" toward which the mental health workers trained in this program would be oriented, would be that form of contemporary psychological distress identified by Chardin as "noogenic neurosis," by Frankl as "meaninglessness", by Szasz as "problems of living", and by Shostrom as "manipulation".

The philosophical orientation is explicitly humanistic, existential and phenomenological.

The long-range goals are to:

(1) move the "therapeutic" and growthful experience outside of the therapist's office

(2) to teach growth enhancing skills to individuals in all types of "helping" relations

(3) to enhance the mental health of entire communities through the dissemination of growth oriented learning and experiences, within the channels already established by existing social institutions

(4) to promote the invention of new forms of social institutions, which have as their explicit function the countering of anomie and alienation.

An ongoing program of research will be initiated through the USIU Human Research Center to assess the training process and provide corrective feedback. The program will be unique through its emphasis upon:

(1) growth rather than deficit

(2) health rather than illness

(3) "normal" manipulation rather than pathological

(4) humanistic rather than psychoanalytic or behavioristic perspective

(5) groups and community rather than individuals

(6) interdisciplinary rather than purely psychological approach

(7) "noogenic neurosis" alienation, meaninglessness and a search for values, rather than repression, fixation, childhood traumas, unresolved complexes, etc.

National significance will be indicated by:

(1) meeting a portion of the manpower problem in mental health through enhancing the quality of training of those working in growth centers, church groups, community center group programs, college "personal growth" programs, etc.

(2) being responsive to the growing national phenomenon of small groups. Through training and research the program will facilitate the growth of this phenomenon along professional and scientific lines.

The building ground for this training program will be the following:

(1) The graduate degree programs in Human Behavior, at both the Masters and Doctoral levels, presently offered through the Graduate School of Leadership and Human Behavior under the direction of W. Ray Rucker, Dean. Well-known instructors include Carl Rogers, Hubert Bonner, Warren Baller and Seth Arsenian.

These programs present an interdisciplinary approach to the study of three important aspects of human development: 1) the psychological development of the individual. 2) the social organization, and 3) the interpersonal relationships of groups and organizations.

(2) Dr. Everett Shostrom's staff and Institute of Therapeutic Psychology which became a part of USIU in 1969. It provides supervised clinical practice for students in Psychology and Human Behavior. The Institute has a professional staff of licensed therapists who are committed to the promotion of mental health by emphasizing positive growth of the personality through the self-actualization theory of Maslow.

(3) Dr. Victor Frankl's staff and Institute of Logotherapy which has been recently established at the University. His philosophy is recognized as the third Viennese school of psychotherapy, its predecessors being the Freudian and the Adlerian schools. Logotherapy is founded on man's "will-to-meaning".

(4) The USIU Human Research Center presently under the direction of Dr. Lawrence Solomon. The Center provides physical facilities, intellectual stimulation, and systematic

support for effective research undertaken by senior scholars, younger professionals and graduate students in areas of humanistic social science. It provides the corrective feedback needed to sustain the growth and development of University programs.

Specific Philosophy of the Program

The proposed training program will have as its objective the development of humanistically oriented applied behavioral scientists. These individuals will hopefully possess technical and interpersonal capabilities to enhance their own and others' functioning in a variety of social contexts.

The model for the training program will have the following specific features:

Admissions

While the formal requirements for admission to the training program will be, in many respects, similar to graduate programs at other universities, there will be some real and significant differences. Admission to the program would, of course, involve filing a formal application for admission; submitting letters of reference and confidential evaluation forms from individuals who know the capability and potential of the candidate; and meeting the formal requirements for academic background, test scores and grade point average.

Additionally, however, each candidate will be asked to meet with a committee of three faculty members from the Division of Clinical Education for a brief interview,as part of the application procedure. It would be during this important,very human exchange between the applicant and his potential instructors that the final decision is made regarding admission to the program. It would be in this interview that a low GPA may be explained away, with mature justification. It would be here that the applicant emerges as a person from behind the written application form and his values, attitudes and beliefs become manifest in his responses to the interviewing committee. It is here that the faculty members may ask themselves (covertly) "is this the type of person I would be proud to have as a colleague?" and/or "is this the type of graduate student with whom it would be exciting and rewarding to work on a dissertation?" If the answer to these questions is affirmative, and all other matters are in order, then the student would usually be admitted to the program.

Curriculum

The core courses will be an amalgam of sociology, psychology, anthropology, philosophy, human relations and education. For the most part, there will be a clear effort to set the student free to pursue in depth whatever is intrinsically motivating to him. Several "independent study" courses will be available, in which the student merely selects the area in which he wishes to further his knowledge and skills and then, with guidance from a faculty member, pursues this development on his own, at his own pace, in his own style, and in a way which is personally relevant and meaningful.

The formal content of the curriculum, however, will be of secondary importance in comparison to the climate of the student-faculty relationships. These relationships would be characterized by at least three

features: High trust: with intrinsically motivated, potentially creative students (a necessary pre-requisite,) the best the faculty could do at times would be to stay out of the student's way; to trust the student to fulfill his desire to learn, grow and actualize. In line with the emphasis upon high trust, a significant portion of the formal grading procedures would be eliminated and self-evaluation by the student (initiated in a dyadic relationship with his instructor) would take its place. Also, unsuccessful attempts at academic performance would not be carried as a permanent stigma on the student's transcript. Rather, should a student fail to receive credit for a course, it would simply not appear on his transcript; and he would be free to try again to perform at such a level as to warrant credit for the undertaking.

Freedom

The emphasis in the program would be to turn the student on and turn him loose.

The final doctoral comprehensive examination will be replaced by a "position paper" in which the student is encouraged to take the freedom to explore his personal set of values and beliefs, to juxtapose these along side the content of the various courses and field experiences which have comprised his graduate schooling, and to soberly reflect upon "where he is at," how he got there, what this all means for his life style, his relationships to himself and others, and for society. The position paper would evidence cognitive maturity and understanding, a functional grasp of the research and theoretical literature in applied behavioral science, and a scholarly, yet personal, appreciation of the valuational base from which a social change agent operates. It would also be an opportunity for the student to engage in mature self-evaluation of his clinical skills and competency.

T-group Values

Interpersonal honesty will be valued among students and faculty. As part of the training experience, the students will participate in a number of sensitivity or basic encounter workshops. The values of the T-group would be transferred to the interpersonal contacts in the classroom, the hallway and the lunch counter. Just as certain assumptions are necessary to insure a rewarding T-group experience, so these assumptions will be required to insure a rewarding graduate school experience. Such assumptions would include:

(1) Everyone is responsible for the success of the entire program.

(2) Everyone is responsible for his own behavior in seeking to meet his personal needs.

(3) Everything in the program has a feeling component.

(4) Boredom is really a kind of anger; i.e., anger that you are not doing what you want to do.

Emotional honesty, trustworthiness, giving and receiving of feedback in non-defensive ways, and the sharing of hidden parts of self with others--these all would form the operational values of student-faculty interaction. In such a context, the students, faculty members and administrators would be brought into meaningful, personal confrontation with the basic values

of humanism; would be stimulated to explore the discrepancies between intentions and actual behavior; and would be aided in the formulation of a personally relevant philosophy of life which would be based upon value sharing, veridical self-knowledge and empathic feedback from others.

Training Emphasis

The major emphasis will be on the growth and development of the student. Students would be encouraged to engage themselves in the real-world, man-relevant problems which comprise the social context of our contemporary communities. The aims of the program would be to enable the student to (1) enhance his professional skills and competencies to deal with the challenges of individual and social fulfillment in whatever context they are encountered, (2) develop scientific sophistication and research proficiency to enable the effective application of research findings to the problems which confront him, and (3) design meaningful studies to generate answers in areas where previous research is yet inadequate.

From his encounter group experiences, both as a participant and as a facilitator, the student will hopefully develop those skills necessary to utilize the intensive small group approach in a variety of ameliorative settings.

Throughout the entire program, the emphasis will be upon developing individuals who possess certain personal characteristics. Put simply, they will be Ph.D.'s who are "good people", who "think right", and who are positively valued according to the humanistic axiology which sanctions all of the efforts put forth in such a program.

Within this context, two features of the program will distinguish it from previous approaches:

(1) The use of self: Stress will be placed upon the use of self as a therapeutic and changing inducing instrument, rather than reliance upon methods, techniques or procedures. This emphasis will be based upon a recognition of the fact that being in relation with another is, perhaps, the most impactful means for inducing change and growth in that other, as well as in one's self.

Opportunities will be provided in the training program for the student to experience himself in depth, in relationship with others; to pursue self-knowledge to the point of self-understanding; and to become sensitive to the impact his feelings have upon his own behavior, and to the impact his behavior has upon the feelings of others.

(2) Establishing symmetrical relationships: An assumption underlying this program is that the degree of symmetry in an interpersonal relationship importantly determines the growthfulness of that relationship. By "symmetry" is meant the degree to which the partners in the relation are co-equal in certain salient aspects. It appears as if there are at least three areas of interpersonal behavior in which symmetry is particularly crucial to the determination of "helpfulness" in a relationship: (a) vulnerability, (b) honesty, and (c) openness to change.

Whether the helping relationship is between client and therapist, advisor and advisee, human relations consultant and company president, or husband and wife, the growthfulness of the relationship appears to depend upon the willingness and ability of the partners to be equally vulnerable, honest and open to change. It is probably a rare event today in "helping relationships" when the "expert" is willing and able to be as vulnerable, honest, and open to change as he expects his client to be. Hopefully, graduates of this program will have developed their capacity to do just that.

Planners and Administrators

The Clinical Psychology program will be under the direction of Dr. Everett Shostrom, Chairman of the Division of Clinical Education. This division will have three components, each under the direction of a full-time administrator. The three components are:

I. Program of Clinical Training
Under the direction of a full-time Director of Clinical Training, this component will have primary responsibility for the classroom and internship experiences of the graduate students in the program. The Director of Clinical Training will:

1) ascertain that students are proceeding through the sequence of clinical courses according to the prescribed program
2) arrange for and monitor internship experiences provided for the students in various agencies and institutions

II. The Institute of Therapeutic Psychology
Under the guidance of a full-time director, this agency will:

1) provide supervised internship experience for graduate clinical psychology students
2) provide psychological services to the public and to students at USIU

III. The Institute of Logotherapy
Under the guidance of a full-time director, this agency will:

1) provide supervised internship experience for the graduate clinical psychology students desiring specialized training in the methods of logotherapy
2) provide psychological services to the public and to students at USIU.

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POSTDOCTORAL PROGRAM IN PSYCHOTHERAPY
INSTITUTE OF ADVANCED PSYCHOLOGICAL STUDIES OF ADELPHI UNIVERSITY

Goals and Guiding Philosophy of the Program

The primary objective of the Postdoctoral Program in Psychotherapy is to provide each candidate with a broad and thorough training for the practice of psychotherapy. The curriculum is designed to provide the therapist with those theoretical, technical, and personal skills that will enable him to pursue his professional work with the highest level of effectiveness. The base of such an education includes a firm foundation in psychoanalytic theory and technique. In addition, the candidate should be provided with the knowledge of other disciplines (medicine, philosophy, etc.) that will promote the most flexible and sensitive approach to his work with the diversity of conditions that he will encounter. The ultimate goal of the program is the fullest possible development of the candidate in personal awareness and professional skills.

Because psychological knowledge needs further development, the Postdoctoral Program in Psychotherapy is committed to the sharpening of research interests and skills in each candidate. A critical appraisal of all existing psychological conceptions is necessary so that the student will be continually aware of the unresolved problems of psychotherapy. Only then will he be able to contribute to their solution. With this training and orientation, candidates will become not only skillful practitioners of, but active contributors to, the science of psychology.

The candidate is expected to be open-minded and flexible about all viewpoints. As training proceeds, it is assumed that he will evolve a personal orientation, comfortable for himself. With this in mind, the faculty seeks to create a scholarly atmosphere that will permit the student to pursue new ideas and concepts. The philosophy of the program is experimental and progressive. As new theories and techniques develop, they will be included in the program, and if older ones are found not to be fruitful, they will be discarded.

Planners and Administrators

The program is administratively under the Institute of Advanced Psychological Studies. It functions relatively autonomously with direct responsibility to the Institute through the Institute's Director, and through the Dean of the Graduate School. The responsibility for the program is under two Co-Directors who implement policies formulated by an Administrative Committee. The Administrative Committee consists of the major administrators of the program plus some faculty and students. The Postdoctoral Psychotherapy Center is an integral part of the program and serves as a laboratory for practicum work. It has a medium cost and low cost service within its structure and in addition functions in relation to the community. It is also under a separate director who is responsible to the co-directors of the Postdoctoral Program and to a Professional Advisory Committee. Faculty and supervisors within the program are primarily analytically trained and are all graduates of analytic training programs. The primary philosophical points of view represented are Freudian and Sullivanian with a flavoring of existentialism and Gestalt therapy.

Professional Responsibility

Since the students within the program are postdoctoral level persons, their responsibilities are the same as any independent practitioner. Thus, although the student is expected to be in supervision during the program, the supervisor does not need to be responsible for the therapeutic commitment of the candidate. The program has, since its inception, maintained a policy of evaluating candidates within the program and courses within the program. This is done bi-annually both in terms of rating candidates and rating courses as well. Additionally, for the candidates in training, there is a special faculty meeting that more fully takes the rating scales and makes recommendations regarding the future course of study for the candidates.

Research Training

In the past all candidates had been required to attend a research seminar once monthly during the course of study. For a variety of reasons this research seminar has not proved to be an effective educational experience. We are in the process of revising curriculum and having the research course be a 2-credit course that students will take once during the training program.

Internship and Practica

Supervised Practice - The candidate is expected to carry a sufficient number and diversity of cases, under different supervisors, to give him a wide range of therapeutic experience and understanding. A Postdoctoral Psychotherapy Center with a psychoanalytic treatment service has been established under the direction of a member of the faculty. Candidates will be expected to contribute three hours weekly to this service.

Intensive Therapy (Psychoanalysis) - Each student is required to carry in intensive therapy (three sessions per week) a minimum of three cases, three times weekly, for at least two years.

Other Psychotherapies - Each student is required to carry an additional number of cases, totaling at least 600 therapy hours.

Supervisory Requirements - The candidate must complete, prior to certification, a minimum of 200 sessions of supervision with four different supervisors with not less than forty sessions with each supervisor. (For purposes of computing supervisory time, 90 minutes of group supervision and 45 minutes of individual supervision constitute a supervisory session.) One hundred and fifty of these hours must be in intensive psychotherapy (psychoanalysis), of which 100 sessions must be individual supervision. The remaining fifty supervisory sessions should be other psychotherapies. A faculty member can serve simultaneously as a supervisor in intensive psychotherapy and other psychotherapies.

Innovative Aspects of the Program

In the past several years we have tried to develop courses in the area of community psychology within the program. We have some minimal involvement with the community through consulting services and in addition provide courses for lay personnel.

The program has offered a two to three-day conference dealing with a major area of theory and/or technique for the past six years. It has

been open to professionals from within the community. The proceedings of these conferences are published in book form and also made available to the professional community.

Educational Hurdles

The curriculum leading to the Certificate in Psychotherapy and Psychoanalysis includes three broad areas: personal therapy of the candidate, supervised psychotherapy, and theoretical and research courses. Each candidate is required to begin intensive personal analysis prior to starting courses. The minimum of personal therapy which will be considered acceptable is 300 hours (150 hours of this must be in three-times-a-week analysis). The Administrative Committee may recommend additional personal therapy if the candidate's personal awareness is not considered adequate for completion of the program. Satisfactory completion of all aspects of the training program are required in order to obtain the Certificate. Regular evaluations of each student are made by the Administrative Committee in which all available data are reviewed. At any point in the program additional courses, personal therapy, or supervised psychotherapy may be required of the candidate in order to meet the level of professional proficiency desired.

Entrance Requirements - for Psychologists

a. A Ph.D. in clinical psychology or its equivalent. The equivalent would be at least a Ph.D. in psychology, with courses in psycho-diagnostic testing, psychopathology, and psychotherapy. Equivalency requirements may be made by taking selected additional courses during the candidate's course of training.

b. State certification as a psychologist.

c. Two years of supervised clinical experience plus one additional year of professional experience to be completed prior to receiving the certificate of graduation from the Postdoctoral Program in Psychotherapy.

d. Membership in the American Psychological Association.

e. An intensive survey of the candidate's qualifications which may include personal interviews with at least two members of the Postdoctoral Program faculty.

Psychiatrists are also admitted to the program and requirements cover essentially the same areas as the psychologist except as appropriate for a physician.

(The program can ordinarily be completed in four years but many candidates take five.)

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THE POSTDOCTORAL TRAINING PROGRAM IN CLINICAL PSYCHOLOGY OF CEDARS-SINAI MEDICAL CENTER

Goals and Guiding Philosophy of the Program

The Mount Sinai Division of the Cedars-Sinai Medical Center in Los Angeles offers a Training Program in Clinical Psychology for Pre-Doctoral Interns and Post-Doctoral Fellows under a National Institute of Mental Health training grant. The goal of the program is to develop professional psychologists who will be competent in the traditional skills of diagnostic evaluation and psychotherapy and whose general understanding of human behavior will enable them to adapt these basic skills to meet the changing needs of our society. The Program is designed to allow the trainees to participate in a wide variety of professional activities and to find their own areas of specialization. Actually it is the background, experience, training and personality of each individual trainee and the trainee group as a whole that determine the specific content of the Program in each year.

The core of the entire Program is intensive individual supervision of psychotherapy. This includes long-term individual psychoanalytically based psychotherapy, group psychotherapy, family therapy, marital therapy, brief psychotherapy and crisis intervention.

Trainees work with adults, adolescents and children; individually, in groups, and in the context of the family. In addition, trainees participate in all phases of evaluation and treatment planning.

A variety of methods are used to help the trainee develop into a knowledgeable, competent, able and self-confident, autonomous professional psychologist. These include a wide variety of didactic seminars and case conferences and extensive supervision.

Planners and Administrators

The single most important factor in any training program is the teaching staff. We are fortunate in being able to offer to the trainees a large group of mental health professionals representing all the disciplines involved in the field today, as well as a variety of theoretical orientations and personalities. In addition to the staff of Cedars Sinai Medical Center, the Psychology Department has been able to enlist a number of professional psychologists in the Los Angeles community to offer their services, mostly on a volunteer basis, as teachers and supervisors to our trainees. Not only does this allow us to give our trainees consistent and careful supervision of all their cases and to challenge them to reconcile sometimes divergent points of view; it also allows them an intimate association with representatives of their own future profession, and provides a great variety of role models. Typically these consultants will come to the hospital to teach seminars, but the trainees will go to their offices for individual supervision, and occasionally will participate in the consultant's own professional work, such as workshops or consultations.

The most important teaching device undoubtedly is the intensive ongoing consultation with the supervisors. Typically, a different supervisor is assigned to each trainee for each of his individual therapy patients. Both patients and supervisors are selected to provide opportunities for the trainees to work with a variety of patients, theoretical models and treatment techniques. In addition, each trainee

has an opportunity to work with the coordinator of group psychotherapy. Frequently, particularly in group therapy or family therapy, a trainee will function as co-therapist with his supervisor. Observation through one-way screen and videotape have been found particularly helpful. The trainees are kept informed about professional activities, meetings and conferences, and urged to participate in or attend workshops and conferences. Finally, the trainees are offered the opportunity to meet in a group with an experienced clinician, who has no other teaching or administrative function in the Training Program. Trainees are not required to participate in this group, and the way in which they wish to use it is left to their discretion.

Innovative Aspects of the Program

Because of the increasing interest of young psychologists in translating traditional clinical skills into assessment and change outside psychiatric or medical setting, the Training Program at Mount Sinai provides supervised experience through assignment to outside agencies or projects. Trainees are also encouraged to avail themselves of opportunities both within Mount Sinai Hospital and outside for supervised experience in formal classroom teaching and in supervision of less experienced clinicians. Typically trainees will teach one course a quarter at one of the city or state colleges, and will supervise pre-doctoral trainees or social work students in diagnostic or therapeutic work.

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CLINICAL PSYCHOLOGY INTERNSHIP AND FELLOWSHIP TRAINING PROGRAMS
UNIVERSITY OF COLORADO MEDICAL CENTER

Goals and Guiding Philosophy of the Program

The Division of Clinical Psychology at the University of Colorado Medical Center offers training for graduate level clinical psychology predoctoral interns, adult and child clinical postdoctoral fellows, and fellows in child development.

Each of these training programs shares a commitment to development in the trainee of effective, professional involvement with individuals, groups, and various social and educational organizations serving persons and society. Learning to use oneself personally and professionally as an effective instrument in promoting constructive functioning and change is seen as the very core of the training experience. Such learning and training are seen as relevant independent of the eventual individual role the trainee pursues in his professional life, e.g., teacher, therapist, diagnostician, community mental health consultant, administrator, researcher, or a combination of various roles.

Increasing one's professional proficiency in constructive intervention is a challenging and personally demanding task. For this reason intensive individual and group supervision is provided each trainee by faculty clinicians, who work in the clinical areas which they supervise. These areas include individual and/or group therapy, milieu inpatient treatment, psycho-educational treatment and administration, teaching, clinical research, school consultation, community mental health development and consultation.

The theoretical and clinical orientations of the psychology faculty vary. These include ego-analytic, behavioristic, developmental, and psycho-social community-oriented models. The trainee has the opportunity to be supervised by and work with faculty from several of these orientations. The psychology faculty itself provides the bulk of supervision of trainees, including therapy supervision. Professionals from other disciplines, e.g., psychiatry, social work, public health nursing, and education, also provide supervision where appropriate.

There are a large number of clinical seminars, colloquia, and conferences throughout the Medical Center, some of which are available, where appropriate, to psychology trainees. The specific content of these clinical seminars is determined through the explicated needs of each trainee group in interaction with the instructor.

The medical Center comprises many kinds of facilities for actualizing training opportunities. The patient population served includes a wide range of ages, socio-economic levels, ethnic backgrounds, and disorders.

Planners and Administrators

The Division of Clinical Psychology is in the Department of Psychiatry of the University of Colorado Medical School. The faculty psychologist defines his own one-third time clinical role in the particular clinical facility where he works, according to his clinical skills and interests and the goals of the service facility. These activities vary greatly. Some focus upon administrative-clinical work, others on consultation, community involvement, therapy, classroom teaching, evaluation, inpatient treatment, etc.

Approximately one-third of each faculty person's time is spent in training, primarily of psychology trainees with smaller segments of training time devoted to psychiatry residents and fellows, social work students, medical students, physicians, nurses, teachers, and non-traditional professionals. Supervision styles of the faculty vary according to what clinical areas are being learned. These styles include individual sessions with the trainee, modeling, faculty-trainee co-workers, observation of the trainee. observation of faculty, and video-tape sessions.

The remaining time of each faculty person is normally spent in research of his own choosing. Often the research being done relates specifically to issues in the particular clinical service and training areas in which a faculty person is involved.

Innovative Aspects of the Program

Since people change as they learn, a trainee's program is expected to change as he proceeds through his internship. From the beginning of training, concerted attempts are made on the part of individual supervisors to understand the needs, deficits, and professional goals of each trainee to aid him in programming his training experiences.

Each trainee is periodically evaluated by his supervisors and instructors in written and verbal communications. There are no grades assigned; the evaluations are intended to provide the trainee with a professional view of his strengths and weaknesses. The trainee is expected to evaluate his supervisors, and the trainees as a group are expected to evaluate, in ways of their own choosing, the supervisors as well as the entire training program.

Probably of greatest significance in the entire teaching-learning process is the active development of an open rapport between the faculty and trainees. How such a rapport develops varies greatly from trainee group to trainee group. Vehicles for such rapport are sought according to the unique characteristics of each trainee group

While fellows are usually quite selective in the range and intensity of involvement in various services, settings, and clinical experiences, two general, somewhat overlapping directions can be distilled from those available to a fellow. One grouping is a Clinical Intensification focus, which could include intensified focus upon child or adult individual therapy and/or group therapy, behavior modifications, treatment of minority patients, psycho-educational treatment, milieu inpatient treatment, individual assessment procedures, etc. Another grouping is a School Consultation-Community Mental Health focus, which could include behavior treatment in community settings, minority group patient treatment, psycho-educational treatment, community agency and/or school consultation, pediatric psychology consultation, and community mental health services and consultation.

Regardless of the particular direction the fellow chooses, he is aided through supervision toward development of a definitive clinical professionalism in the service areas of importance to his chosen role.

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THE POST-DOCTORAL TRAINING PROGRAM IN CLINICAL PSYCHOLOGY
THE MENNINGER FOUNDATION

Goals and Guiding Philosophy of the Program

The Menninger Foundation has a long tradition of post-doctoral education in psychology and, in fact, developed one of the earliest formal training programs to receive NIMH support. The significant contribution to clinical psychology of David Rapaport and Roy Schafer during their tenure at The Menninger Foundation has left us with a heritage of basic research on psychodiagnostic tools, on the clinical inference process, and on the translation of diagnostic observations into treatment planning. These solid accomplishments equip our present-day students to engage in a sophisticated application of clinical skills to research, to community problems, and to the processes of change.

Post-doctoral training in clinical psychology begins where the university program and the clinical internship leave off. The Menninger Foundation offers the opportunity to work in a professional and scientific community in which the clinical psychologist can consolidate his convictions and values about his work, develop more securely and confidently his identity as a skilled clinician, and discover new horizons of learning and accomplishment. The emphasis is upon the individual development of the Fellow as a responsible and respected member of a clinical team. Specifically, the training focuses upon three areas: psychotherapy, psychodiagnostic evaluation and research.

The Menninger Foundation is a psychoanalytic setting. Most of our supervisors are psychoanalytically trained and many of them are themselves practicing analysts. An understanding of dynamics, the operation of ego defenses, and an understanding of the language of symptoms are all important aspects of working with patients. Psychoanalytic theory, however, is not looked upon as sacrosanct or as a kind of religious faith which must remain forever unchanged. The Menninger staff see it rather as constantly in a state of flux, constantly undergoing development and change based on research and clinical experience. Both staff and students contribute to this evolutionary process.

This training program is designed for psychologists who have completed a Ph.D. degree in an approved clinical training program. Applicants who have taken their Ph.D. degree in some other area of psychology may still qualify for training providing they have completed a clinical internship or its equivalent.

Since this is a post-doctoral program no degree is conferred. However, the student is awarded a certificate of completion of post-doctoral training.

Planners and Administrators

Applicants are considered by a Training Committee comprised of most of the senior clinical psychologists on the staff of The Menninger Foundation. Every member of the Training Committee is a skilled clinician in his own right, many are graduate psychoanalysts, and all devote a sizeable proportion of their time to the program of teaching and supervision, both of diagnostic and psychotherapeutic work. The student's program is planned because of its educational value to him and is not based on the work demands of the Foundation.

Professional Responsibility

All students are encouraged to accept as much responsibility for patients as their abilities allow. Supervision is offered as a consultative and collaborative process helping the student toward increasing independence during the course of his training.

Because of the value of being exposed to different points of view, regular rotations in supervision are provided for. The time at which the rotations occur offers a natural opportunity for a process of mutual evaluation between supervisor and student. It is a time to review one's progress, one's assets and liabilities, and to reassess one's objectives in training. And the evaluation process is not one-sided because the student is encouraged to take this opportunity to offer some constructive suggestions about the supervisory process itself.

Research Training

The Research Department of The Menninger Foundation encourages the Fellow's participation in one of the many sponsored investigative projects directed by members of the staff. Most research in this setting has the goal of throwing new light on the clinical realities which confront psychologists in dealing with disturbed people. Among the many studies in progress are: how psychotherapy brings about changes in patients who suffer from a mental illness, what happens to delinquents after institutional treatment, what individual differences appear in patterns of thought functioning, how do people learn to overcome difficulties in thinking and perceiving, how do children learn to handle typical problems of growing up, what are the effects of relocation caused by urban renewal, how do brain waves correlate with unconscious mental processes, and how does a patient's identification with his therapist benefit his treatment. The Fellows are encouraged to participate in these intriguing research projects because the opportunities for research become an important means of extending the boundaries of clinical sophistication. Or, the Fellow may wish to follow up on a research idea of his own for which he may receive consultation or other staff support.

Innovative Aspects of the Program

Several unique training opportunities are available at The Menninger Foundation: (a) It is possible if the student so desires to specialize in a particular area of clinical practice. The student may spend all of his time in the adult service or all of his time on the Children's Service or some combination of the two. In addition, however, the student may focus on the special problems of adolescent psychology. Since approximately 40% of the patients admitted to the Menninger Hospital are within the adolescent age range and nearly 80% of the patients in the Children's Hospital are adolescents, ample opportunity exists to specialize in the particular kinds of clinical problems that adolescents present. These patients challenge our old diagnostic formulas, put our therapeutic acumen to special tests, and force upon us a reconsideration of the problems of character formation, identification models, ego development and the long neglected issues of values and ethics. (b) A new short-term treatment program has recently been organized within the hospital that permits The Menninger Foundation to make more of an impact upon the community since patients in this unit are usually suffering from acute disorders often demanding emergency attention. (c) The Menninger Foundation is now one of the few hospitals

in the country offering long-term treatment and the clinical psychologist is now in a position of becoming responsible for the hospital and therapeutic management of such long-term cases. While such clinical responsibilities are not a required part of the program, they do offer the student a unique opportunity in evaluating patient change over a long period of time and of assessing the value of hospitalization in the total treatment picture. (d) The training program schedules nearly two dozen seminars and workshops, offering the students stimulating experiences with clinical material rarely formalized into coursework -- a study of the clinical inference process, group dynamics, family therapy, the use of clinical concepts, primary process reactions, and the implementation of test findings in the treatment process.

Educational Hurdles

To qualify an applicant must have a Ph.D. in clinical psychology or a related area of psychology with a minimum of one year of supervised clinical experience. The training program extends over two years beginning in September. Applications should be submitted before March 1st for the program beginning the following September. For further information or for application forms write to

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TRAINING IN CLINICAL PSYCHOLOGY
THE UNIVERSITY OF MICHIGAN

Goals and Guiding Philosophy of the Program

The aims of graduate training programs in clinical psychology, while seemingly well defined by the Education and Training Board of the APA and elaborated by reports of several national conferences, have been susceptible to widely different interpretations. As the program at The University of Michigan has evolved in recent years, it has clearly accentuated certain values and, in so doing, has undoubtedly underplayed others. A majority of the faculty clearly rejects unadorned empiricism as the epistemology of choice. All major decisions with respect to curriculum planning, staff development and student advisement persistently reflect a belief that true objectivity in developing information relevant to the clinical task can be achieved only in proportion to the degree of self-knowledge of the observer.

Thus great emphasis is placed on "understanding" rather than on actuarial data as the basis of assessing emotional and behavioral problems of clients and on the thoroughly explored relationship rather than empirically supported technical application as the preferred mode of intervention. It follows that there is a widely shared appreciation of theories of behavior which postulate significant motivational systems which are to one degree or another outside of immediate conscious awareness and a great deal of time and effort devoted to educating students in the vocabulary, principles and methods of analytic psychology.

While this is an abstract statement of an intellectual climate, there are many practical consequences. Perhaps the most salient is the conviction that one cannot become an effective clinician unless he has had very substantial, intensively supervised experience with clients. If understanding is the vehicle for one's professional activity, this can be achieved only by a large number of carefully reviewed transactions with clients--hence, the emphasis on internships in campus agencies with faculty supervisors throughout graduate training.

A second consequence is an emphasis on the elaboration of a conceptual scheme to enhance clinical assessment and therapeutic intervention. Thus, scholarship is more likely to be directed toward elucidating theoretical issues in dynamic psychology than to inductive generalizations from non-theoretical empirical studies. By the same token, in research, much more emphasis is likely to be placed on problem definition than on methodology and problems must ideally derive from an analytic psychology.

A typical student, then, leaves the program with a relatively high level of sophistication in dynamic personality theory, a more than usual capacity to examine critically a range of psychological problems in this vernacular, a relatively high level of proficiency in psychodiagnosis and dyadic therapies in the analytic model and a considerably more than average familiarity with the various social environments in which emotionally, mentally or behaviorally disturbed patients are diagnosed and treated. They would be perceived by prospective employers as articulate, humanistically inclined individuals with a high level of clinical sophistication.

At the same time, there are other valued attributes which our model graduate probably does not have. They are not likely to be more than casually skeptical of the utility of the techniques they employ; they are not, typically, sufficiently detached from a preoccupation with the

individual client to be able to conceptualize problems of mental health care along political and social parameters; they are distrustful of research findings not embedded in dynamic personality theory; they have little appreciation of psychometrics or of the behavior therapies; and they are powerfully attracted to service to individual clients as against any of the several other options which might be open to them.

Paradoxically, the clinical program, despite the characterization of the model product given above, prides itself with some justification on being pluralistic in both conception and practice. There is no question but that the department is among the most innovative in designing and carrying out various kinds of joint and combined programs among which the integration of clinical and social psychology, clinical and personality psychology and clinical and educational psychology are prominent. In theory, any program of graduate studies could include clinical psychology as one of its components and there are enough students who have designed and carried out such courses of study to make the potential a reality. Like many other universities, the clinical program at Michigan has also had graduates who have been outstanding in research and theory development.

There are unquestionably areas of theory and practice in clinical psychology, with strong support in the wider world, which either are not represented in our program or are inadequately represented. Thus, a determined clinical student seeking to develop expertise in certain areas, would have to piece together a program with the assistance of faculty members outside the clinical area and find an appropriate concurrent field training setting for this experience.

In summary, then, the program has two sets of aims. One is clearly embodied in the skills and attitudes of the majority of graduates and the other is the more abstract aim of an effective pluralism which remains to be fully attained.

A significant step in broadening the program and establishing a constructive competition of ideas has been substantially achieved by the establishment of a community psychology program. This innovation was quite deliberately established as a part of the clinical area rather than as a separately identified and administered program in order that all students would have some contact with the theory and practice it represents, rather than to serve a few self-selected enthusiasts. If the community program evolves as planned, it will become an influence in all basic course work and in all campus internship agencies.

Planners and Administrators

There are approximately 42 clinical area faculty members involved in teaching graduate courses and/or supervision of interns in the various internship facilities. Dr. William Gerler is Chairman of the Doctoral Program in Clinical Psychology and Assistant Chief, Counseling Division, Bureau of Psychological Services.

Professional Responsibility

Students and faculty share responsibility for the training program. Student representatives serve on the Clinical Area Executive Committee, as well as on all other standing committees (i.e., Admissions, Curriculum, Field Placement, Records and Evaluations). In addition, since students are on half-time internships each year, mostly in campus agencies, they

actively participate in structuring their clinical supervision and experience. At least once a year, and frequently twice a year, faculty and students evaluate each other's performance.

Research Training

Supervised Research: The intent of this requirement is that each student, early in his graduate career, undertake an empirical research project roughly equivalent in scope to a Master's thesis. A major emphasis is on learning skills in apprentice fashion, with an evaluative eye cast toward the sponsor's project, one's own effort, and those of fellow first-year students.

Students meet this requirement in various ways and should be alert to the possible alternatives.

a) The most usual means is through the research seminar. Namely, the student seeks out an on-going research program in his area of interest and attaches himself to the project long enough to carry out an empirical study.

b) A few students have, as undergraduates, done empirical honors theses which are of such high quality that they may satisfy this requirement. Alternatively, an occasional entering student has worked as a research assistant and has done a study of good quality which is sufficiently independent of the work of his employer to allow evaluations of his research competence. A report of a study accomplished in this manner may also satisfy the requirement. Finally, the student may have published a research paper, either independently or with senior authorship, and this could be submitted for evaluation.

While formal course work is given its proper place and weight in the curriculum,it is clear that the faculty perceives these exercises as merely preparatory for the student's independent study project. Reference has been made earlier to the paper based on an empirical research project undertaken in the first year. A second project, this time scholarly rather than investigatory, is the "Third Year Paper" in which the student thoroughly explores the literature on a topic chosen because of its relevance to his experience in clinical applications.

This requirement is followed by a larger scholarly effort which embraces not a circumscribed topic but an area of sufficient breadth to have been a significant part of the literature of at least four of the areas of specialization in the Department. This review, integration and critique of a body of literature becomes the basis of the preliminary examination. The student submits a list of questions to an examining committee which is free to explore such additional facets of the subject matter as it chooses. Upon passing this examination, the student becomes a formal candidate for the Ph.D. and is free to proceed with his dissertation.

The dissertation, like that in most graduate programs, must represent a substantial research effort in an area of psychological significance. A committee of the faculty guides the student in his research and evaluates the final produce as reflected in the dissertation and in a final oral examination.

Internship Facilities

The faculty takes justifiable pride in the quality and variety of facilities available to students, and in the integration of internship experience with the overall plan of study. Beginning in the second year, the typical student enrolls in a half-time internship until he graduates. Although half-time internships are the most common, cognizance is taken of an individual student's interests in a teaching appointment or a research assistantship by providing quarter-time appointments as needed. Also, advanced students in the process of writing a dissertation may occasionally be given a full-time internship -- which usually extends beyond the date at which he receives his degree -- in order to gain intensive experience in a particular treatment setting or with a particular category of patient.

A student may elect to take internships in off-campus agencies, but at least one, and preferably two, are taken at settings in which members of the faculty are on the staff. We regard this policy as essential in order to satisfy ourselves by direct observation that the student has attained a satisfactory level of achievement in clinical practice. All campus agencies provide experience in intensive psychotherapy; both individual and group treatment.

On-campus agencies which are heavily and regularly used include:
Counseling Division, Bureau of Psychological Services
Psychological Clinic, Bureau of Psychological Services
Neuropsychiatric Institute
Children's Psychiatric Hospital

Off-campus agencies used include:
Ann Arbor VA Hospital
Detroit Psychiatric Institute (Herman Kiefer Hospital)
Ypsilanti State Hospital
Washtenaw County Community Mental Health Service

Innovative Aspects of Program

The most recent innovation in our clinical program is our training in community psychology described in great detail elsewhere. Related to it are our efforts in providing community-oriented training at each of the current clinical training facilities. In addition, clinical students are involved in many Outreach activities.

Educational Hurdles

There are relatively few required courses and students have wide latitude in course of study most suitable for their own development.

A student who wishes to gain specialized knowledge and related applied skills in one particular area of Clinical Psychology selects his courses and field experiences accordingly. The two areas most commonly chosen are Child Clinical Psychology and Community Psychology and, in these areas, stable, organized programs are available. However, individual students have, with faculty guidance, pursued interests in a number of other areas, among which are included psychology of disability, organizational psychology, speech and language, information theory, and mathematical psychology.

The major examinations include the evaluation of the supervised research and the Third-Year Paper (see above); the pre-lim examination, oral or written, and final oral examination of his dissertation.

Admission to do graduate work at The University of Michigan includes a superior undergraduate record and at least 18 hours of undergraduate psychology, including a course in experimental psychology and a course in statistics. In selecting students for the clinical program, special consideration is given to those applicants who have a good background in the humanities and social sciences, and who show appropriate motivation for a career in clinical and counseling psychology.

Typically, we perceive the program as a five-year program. Student's progress is monitored to assist him to complete his work in the required time. Efforts are made to provide him with the right help and the right time to facilitate normal progress.

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GRADUATE EDUCATION IN CLINICAL PSYCHOLOGY
UNIVERSITY OF MINNESOTA

Goals and Guiding Philosophy of the Program

The program at the University of Minnesota is self-conscientiously eclectic. All theoretical points of view are represented on the full and part-time faculty. We recognize that some students will have special interests and talents in developing skills directed primarily toward academic research careers while others will be more interested in and have abilities more consonant with the development of professional-service careers. Fewer students will have competencies and interests in both areas. We provide a sufficiently broad program to accomodate students with each of these interest patterns. While we provide such flexibility of training opportunities, all students are expected to complete the requirements for the Ph.D. degree. That means that the most professionally oriented student must have demonstrated sufficient research competence to insure that he will display an inquiring mind to the clinical problems which he encounters and that the most research oriented student will be safe to let loose on the public for professional practice.

Planners and Administrators

The faculty consists of about 25 full-time university faculty and 100 part-time adjunct faculty. The training program is administered through the Department of Psychology in collaboration with the Department of Psychiatry and the Institute of Child Development. The Director of Clinical Training holds primary appointment in the Department of Psychology with joint appointments in each of the other cooperating departments. The Director of Clinical Training is appointed by the Chairman of the Department of Psychology and serves at his pleasure. All major administrative decisions regarding the Clinical program are delegated to the Director of Training.

The Program is structured as follows:

Executive: Director of Clinical Training (R. Wirt)
Associate Director of Academic Administration (J. Butcher)
Associate Director of Professional Administration (P. Seat)
Administrative Assistant (unfilled)
Policy Committee: (Director of Training as Chairman plus four faculty members from Department of Psychology, Department of Psychiatry, Institute of Child Development, Adjunct Faculty; and four students elected by peers as representatives from each of of the four years of the program).

Legislative: The approximately 25 members of the Graduate Faculty (which includes most full-time and some part-time University staff) who are major advisors in the program.

Consultative: All of the full-time and adjunct faculty and all of the students and all of the colleagues in the cooperating departments.

Professional Responsibility

Practica experiences (including internship) are course related and official University letter grades given. It is possible, therefore, to

fail-out of the program because of unsatisfactory professional behavior. Such grades are determined wholely by field work supervisors. "Travel files" are provided in which each supervisor is given a cumulative record and recommendations from previous supervisors.

Research Training

Some students may emphasize research training and are provided internship opportunities in agencies which have an explicit research commitment. All students must complete a doctoral dissertation; those with a professional orientation are encouraged to contribute to an increase in knowledge by writing theses with applied or purely theoretical (as distinct from experimental) interest.

Internship and Practica

All students must devote 300 hours (usually 2nd year) in a variety of practicum facilities learning "on the job" assessment techniques and 1600 hours in near-full-time (usually 3rd year) experience in a professional setting which vary from heavily primary prevention programs to heavily individual intervention programs.

Innovative Aspects of the Program

Most members of the extended faculty offer special topics seminars for any number of students (minimum one) in the area of his interests. During any quarter, therefore, there are at least 30 specialized topics a student can pursue if he wishes with an expert in the area alone or with a few peers.

Educational Hurdles

A. Applicants should have:
   1. A good GPA
   2. A high GRE or Miller Score
   3. Favorable letters of recommendation
   4. An undergraduate course in both abnormal psychology and in quantitative methods (or statistics).

B. Whatever the professional orientation of the student he should plan on spending 4 to 5 years in the graduate program at the University of Minnesota. It can be, and has been, completed in three years, but the mode is five years.

C. Current examinations require:

   a. Passing written examination in general fields of psychology or child psychology,

   b. Passing a special written examination or writing a special paper in clinical psychology,

   c. Passing an oral examination in psychology which might be focused on the special paper or on a practical professional demonstration of competence (ABPP-like) or on the general field of psychology, as the student selects,

   d. Writing a doctoral thesis, and the final oral.

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Ph.D. TRAINING FOR PERSONNEL, INDUSTRIAL AND ORGANIZATIONAL PSYCHOLOGISTS
UNIVERSITY OF MINNESOTA

Goals and Guiding Philosophy of the Program

The primary philosophy guiding the development of programs for training industrial psychology students is that they be individualized according to the interests and needs of each student.

Within this broad philosophy, our subsidiary goals are:

1. To provide broad training. The policy of the Department of Psychology is that all of its Ph.D.'s should be psychologists first and specialists second. All candidates take written preliminary examinations in four general areas of psychology. The four general fields are elected by the student and his advisor from among the following ten: (1) Comparative, (2) Differential, (3) History, (4) Learning, (5) Motivation, (6) Personality, (7) Physiological, (8) Sensation and Perception, (9) Social, (10) Statistics.

2. To provide knowledge of problem areas in Industrial Psychology. This is handled by sampling from among the following courses and seminars: Vocational Psychology, Personnel Psychology, Industrial Psychology, Organizational Psychology, Occupational Counseling, Tests and Measurements, Market Research and Advertising, seminar work and intensive preparation for an individually prepared, four-hour examination in the student's area of specialization.

3. To provide knowledge of other important areas. Our students also take courses in labor relations, economics, industrial relations, management, sociology, political science, and/or educational psychology.

4. To provide research competence. Research competence is stressed through courses in experimental psychology, course work in statistics and experimental design, independent research projects, and the Ph.D. thesis itself. Research training also is facilitated by serving on one or more research projects within the University's Center for the Study of Organizational Performance and Human Effectiveness. Through this Center, students are expected to conduct both directed and independent research activities. In conjunction with the Department of Psychology, Department of Industrial Relations, Counseling Psychology Program, and Industrial Psychology Program, the Center provides a training ground for Doctoral Candidates interested in expanding their knowledge and capabilities for research in human effectiveness and organizational performance. Students on the Center's research staff hold research assistantships with various senior staff members. During their four years of graduate education, these students gain a wide range of research experience among several different projects concerned with human potential in the world of work.

5. To provide knowledge of ethical practices. Advanced students are urged to join APA, Minnesota Psychological Association, and Mid-Western Psychological Association as soon as possible, and, thus, to identify with the scientific and professional organizational aspects of psychology. Also, they are urged to get and study the APA code of Ethics. Ethics are also stressed in lecture courses and seminars.

Thus, we have no preconceived notions about the precise roles to be filled by the persons we are training. Among recent Ph.D. graduates in industrial psychology, five are in academic settings, five are with private industrial firms, four are with the government, and one is with a psychological consulting firm. Our aim is to make the Ph.D. in psychology a research and teaching degree, while at the same time providing content of sufficient breadth to create an awareness of what psychologists are doing and can do in industry. The hope, of course, is that our students will be educated first of all to be scientists and secondarily to be professional men or practitioners. Industrial psychologists trained here should be equipped to bring their science to bear on both basic and applied problems. They should possess research mindedness and have the methodological and substantive equipment to attack problems no matter whether they enter private industry, teach, or do research.

The so-called "program" in industrial psychology is individually designed for each student; but, as noted above, heavy emphasis is placed on learning the basic principles of psychology and experimental design for designing and conducting research. No specific courses are required, but students typically take core content in history of psychology, learning, and differential and social psychology. They also take not less than fifteen and often up to as many as thirty credits in statistics and experimental design as well as various applied courses and an advanced seminar in industrial psychology. By choosing appropriate supporting programs from Industrial Relations, Statistics, Sociology, Experimental Psychology, or Educational Methods, a student may choose to "specialize" in such areas as Industrial Training, Organizational Psychology, or Measurement Methodology.

Research Training

Typically, the dissertation problem is carried out in an industrial setting, and is addressed to a research question bearing on human behavior in industry. The major need for industrial psychologists is that they lose their provincialism. In the past, the practice has been too prevalent for industrial psychologists to seek problems to fit their techniques rather than adopting innovative problem solving and research strategies to help solve either present problems or to anticipate an to do research on broader questions of human behavior in industry. The psychologist addressing himself to questions arising out of industrial settings must be equipped to bring all of psychology and a broad methodological point of view to bear on them. Ideally, he should be able to utilize knowledge of social and group phenomena and experimental methodology in addition to (certainly not instead of) attending to individual differences and traditional correlational methodology.

We desire that industrial psychologists trained at Minnesota become experts in the science of human behavior. In industry, their functions will be as professional scientists or advisors to whom problems of human behavior in business well be preferred, not for immediate answers, but for guidance on the research approaches that may lead to the answers. In universities, in addition to teaching, their functions will be to direct fairly fundamental and long range research projects which may not necessarily differ in kind or even in substance from the activities of his scientific colleagues in other "fields" of psychology -- though his prime interest will still, of course, be most strongly focused on industrial behavior and much of his research at the more applied levels will still reflect this "real world" of orientation and contact.

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HE CLINICAL PSYCHOLOGY TRAINING PROGRAM OF THE CITY UNIVERSITY OF NEW YORK

Goals and Guiding Philosophy of the Program

The guiding philosophy of the program is reflected in how we conceive of its "end product". We picture our graduate as a competent psychologist who has the skills and attitudes appropriate to most of the traditional roles of the clinical psychologist in addition to some of the newer community-psychology roles. He may lack experience, and in some specialty areas may also lack skill; but he does possess a range of skills that qualify him to function effectively. We do not regard the program as an introduction to clinical psychology, but rather as a professional training school following the scientist-professional model. Clinical psychology has become a diversified field, and it is not our aim to prepare the graduate equally for all of its specialty areas. It is their common ground in theory and method that is cultivated; and the most intensive training is provided in those specialty areas of the faculty. Our policy is to maximize the extent to which each faculty member teaches what he knows best.

Planners and Administrators

Our program is one of a confederation of nine doctoral programs in psychology at the City University. At the same time it is an integral part of the Psychology Department at the City College, where several graduate programs share the faculty and facilities of the undergraduate department. Each member of the clinical faculty teaches one undergraduate course for every three graduate courses; and each graduate student is a part-time lecturer or course assistant. Thus, our faculty and students form a subgroup that is only relatively autonomous from the Psychology Department as a whole. Among the advantages of this arrangement is that we can draw upon the services of those members of the undergraduate faculty who have appropriate interests and skills. At the present time there are eight full-time members of the clinical faculty; and an additional five members of the undergraduate faculty regularly participate in the clinical program. Fifteen students, on the average, have been admitted to the program each year since its inception in 1963.

The members of the clinical faculty formulate the structure and policies of the program; they have prime responsibility for the curriculum (though they share some of that responsibility with the students), and they provide much of the formal instruction as well as most of the individual clinical supervision. It has been one of the guiding principles of the programthat all aspects of the students' training be served by its full-time faculty in order to avoid the segmentation of scholarship, research, and clinical practice. This principle is reflected in the criteria for faculty recruitment; in addition to the college's requirements of scholarly and professional achievement, we have emphasized competence and experience in the clinical service functions. Most of the clinical faculty have had post-doctoral training, most have had extensive practical experience, most continue to have part-time private practices, and several also do extensive community consultation.

Research Training

The value of research is reflected in the degree of active involvement in it by the faculty, and students participate in a variety of ways. Some of the projects that have been carried out are quite traditional, and some

are quite innovative. For example, the following project entitled "Training Police as Specialists in Family Crisis Intervention" was carried out at the Psychological Center by a member of the faculty with the active participation of students.

During the project's two-year duration, continuous in-service training was provided for three six-man teams of patrolmen who constituted a special "Family Crisis Intervention Unit" in the local police precinct. Each team was composed of three bi-racial pairs of patrolmen who functioned within a special duty chart, insuring twenty-four hour coverage of a radio car by each pair on the normal three tours of duty. The car responded to all requests for assistance on "family disturbances" within the precinct and without regard to sector boundaries. Each six-man team came to the Psychological Center each week for group discussion under professional leadership. The intent of the discussion was to increase sensitivity and to provide continuous review of intervention techniques. In addition, each patrolman had an individual consultation session with a student each week. The students participated in the discussion groups and in the individual supervision, as well as in procedures to evaluate the efficacy of the project.

Internship and Practica

The curriculum is flexible; courses, seminars, and even practicum experiences are shaped to fit the skills and interests of the existing faculty. For example, the area of child clinical is quite strongly represented on our faculty. Consequently the graduate is skilled in the diagnosis of childhood disorders, and he is qualified to conduct psychoanalytically-oriented forms of treatment. But, while he has been exposed through reading and discussion to "behavior modification" techniques, he is not skilled in them because no member of the current faculty is trained in that discipline. Similarly, our graduates have not received specific training in non-directive therapy, family therapy, and the like. But they are skilled in the application of psychological tests, in the conduct of psychoanalytically-oriented psychotherapy, and in some forms of group sensitivity training. They have also been trained in consultation methods, and have some experience formulating community-oriented programs that center around preventive mental health measures.

The program is structured around a sequence of practicum experiences with three main emphasis -- psychological services for children, for young adults, and for community groups. These practicum training needs are served by a college-based clinic (called the Psychological Center and established in 1966) in the following ways:

1) Training. To insure effective coordination of practicum experience with academic course content; to provide opportunities for learning diagnostic and therapeutic skills under direct faculty supervision; and to emphasize the importance of preventive mental health and to train students in techniques of prevention.

2) Research. To provide an opportunity for socially relevant clinical research; to make research an integral part of the student's practicum experience; and to stimulate research consistent with changing patterns of psychological applications.

3) Service. To provide traditional as well as innovative psychological services to the on-campus community and to the local community surrounding the college.

To insure maximum experience through the program of the Center each student is required to engage in Center activities for at least ten hours each week. In addition to acquiring skills, students are expected to profit from the exposure to the climate of a Psychological Center where primary responsibility for service is shouldered by psychologists. The staff of the Center includes a full-time social worker and a part-time psychiatrist. The Center's services are provided mainly by the students themselves; from the start they are assigned responsibilities appropriate to their level of training. The Center maintains contact with local schools and social agencies, and provides assessment, therapy and tutoring for disturbed children, and counseling for their parents. The Center is associated with the Counseling Center of the college, and provides counseling and therapy for college students. It has also provided these services for the College Discovery Program at the Community Colleges of CUNY.

Educational Hurdles

The educational hurdles of the program are those of a traditional graduate program that offers a Ph.D. in Psychology. Our entrance requirements are quite stringent. In addition to the scholastic requirements (which includes undergraduate courses in introductory psychology, experimental psychology, and statistics), each applicant is interviewed intensively by a member of the faculty to evaluate his motivation, emotional maturity, and psychological sensitivity. After his first year of study in the program the student must pass a First Doctoral Examination that is administered by the larger department at the City University. This is a broad-based exam in all of the areas of psychology. At the present time the form and timing of the First Doctoral are under re-examination; and it seems likely that it will be changed into an assessment examination administered at the outset of graduate work, and used primarily as a basis for curriculum planning. Upon completion of his third year of training the student must pass a Second Doctoral examination, which is concentrated in his specialty area and is administered by the clinical faculty. Finally, in order to complete his requirements for the Ph.D. the student must spend his fourth year in an approved clinical internship, and must complete and defend a dissertation project.

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POSTDOCTORAL TRAINING PROGRAM IN CLINICAL PSYCHOLOGY
YALE DEPARTMENT OF PSYCHIATRY

Goals and Guiding Philosophy of the Program

The goals of our training program are to provide intensive, supervised clinical experience and training in broad theoretical contexts with an emphasis on the systematic evaluation of assumptions and observations made in clinical practice. We maintain the belief that the major contribution of clinical psychology lies in its unique integration of clinical experience with knowledge of research and theory and that this leads to high level clinical care, meaningful clinical research and quality teaching in a variety of different settings.

The four to five year graduate training program in Clinical Psychology usually does not provide sufficient time for the development of an integration of research and clinical experiences. Particularly in terms of range of clinical experiences, the four to five years of graduate training can offer only initial experience in the varieties of psychopathology seen in interviews and psychodiagnostic situations, the varieties of psychotherapeutic approaches and the range of clinical research problems. Yet, if research is to be conducted on significant problems in mental health it is essential that the research evolve from an appreciation of the subtleties and complexities of psychological processes. Extensive postdoctoral clinical training can offer a fuller appreciation of the methods necessary to study these complex phenomena as well as serve as the source of experience necessary for defining significant problems. We believe that the frequent separation between clinical and research training does not encourage a consolidation and an integration of these activities but, quite to the contrary, often establishes a polarity. Therefore, we have attempted to develop a program which offers to outstanding recent Ph.D.'s in Clinical Psychology coordinated and advanced training in clinical practice and research. A variety of clinical experiences is provided in the training program but always with the goal of enabling the Fellow to reflect upon his experiences and to place them in theoretical and research contexts. Seminars and supervision are geared both to developing clinical sensitivity and high level skills and to relating clinical experiences to theory and to asking relevant research questions. Attempts are continually made to place the various clinical experiences in broad theoretical contexts and to continually ask questions about the organization of psychological functions and about the assumptions made in clinical theory and practice. Fellows are encouraged to consult and to work collaboratively with faculty on research and theoretical problems that have evolved in their clinical experiences.

In addition to its contribution to eventual clinical practice and research, we feel that this type of advanced clinical training is essential for the superior recent Ph.D. since he will probably shortly assume teaching and/or supervisory responsibilities. Effective teaching in graduate programs in Clinical Psychology requires the instructor to have experience in, and a commitment to, clinical activity if he, in turn, is going to encourage his students to develop meaningful identities as clinical psychologists which include an integration of clinical and research interests. Thus our goal is to offer to outstanding and recent Ph.D.'s, who have demonstrated genuine interest in teaching, research and clinical functions, a training program which offers advanced, integrated and carefully supervised clinical, research and teaching experience. In order to implement our objective of offering a program

which emphasizes the integration of sound clinical practice with research and teaching, we feel that a two-year program is essential. The first year of the postdoctoral fellowship is devoted to intensive clinical experience. Depending upon the progress and interests of the Fellow, the second year emphasizes a more specific and select focus of clinical activity in conjunction with supervised experience in clinical research and teaching.

There is a diversity of clinical settings in the Department of Psychiatry which are utilized in the training program. Depending on their interests, Fellows are assigned to one of these facilities, but they can also participate in the programs in the other facilities. There are three major clinical facilities in the Department of Psychiatry: the Connecticut Mental Health Center (CMHC), the Yale-New Haven Hospital (Y-NHH), and the Yale Psychiatric Institute (YPI).

Clinical and Didactic Experience

Individual psychotherapy and diagnostic assessment with intensive supervision are core parts of the program. Fellows see a minimum of four patients in individual therapy, one or two of these are seen intensively at least two or three times a week, and some of these patients may change from outpatient, to day hospital or inpatient status. At least two hours a week of individual psychotherapy supervision is provided and Fellows also participate in a psychotherapy seminar. All Fellows also have one outpatient psychotherapy group, and supervision is provided by an interdisciplinary group of specialists in this area. Opportunities for several kinds of sensitivity group experience are also available if the trainee wishes to join such a group.

Fellows see one patient a week for intake, involving at least two interviews, with one hour of supervision from a senior psychologist or psychiatrist. This experience serves to introduce the trainee to the practical clinical problem of quickly sizing up a situation, making dispositions, contacting other mental health personnel and community agencies, and using theoretical knowledge and clinical expertise to make a swift assessment of the patient. Psychology Fellows also do two diagnostic testings per month, administering a whole battery of tests, including Rorschach, WAIS, and TAT, and other tests which seem indicated for the particular patient. They receive approximately four hours of supervision per battery from an experienced clinical psychologist and are responsible, with his help, for deciding with the referring clinician whether the referral is appropriate, for writing the final report, and interpreting it to the relevant clinician or group. Thus, trainees learn about the role of testing and its interpretation within the clinical setting, as well as its contribution to understanding personality structure and dynamics. In addition to individual supervision, a weekly two-hour seminar is offered in diagnostic testing, where clinical and theoretical issues are considered.

Core seminars, in addition to those in psychotherapy and diagnostic testing, vary from year to year, depending on the needs of the students and courses being offered by the Department of Psychiatry. Presently students are required to take a seminar in ego psychology and one in psychopathology, offered by senior psychologists in the Department. These seminars stress integrating an ego psychological conceptual framework with clinical material. A seminar in community psychiatry is also included in the program. Fellows may also elect to participate in seminars from

the Psychiatric Residency Program or in the various departments within the University.

Fellows also attend a number of conferences. (1) A weekly 1½-hour Department of Psychiatry conference, where case presentations with a senior discussant alternate each week with research presentations by local and invited research workers presenting studies covering a wide range of topics. (2) A weekly 1½-hour conference primarily devoted to case presentations where the treatment course of a patient is reviewed and an attempt made to formulate the case and therapeutic goals. Psychology trainees are expected to participate in these conferences by presenting their therapy cases in rotation with trainees from other disciplines and by presenting the psychological test data on patients they have tested. (3) A weekly 1½-hour meeting of clinical psychologists both faculty and students in the Department of Psychiatry, where issues pertaining to clinical psychology are discussed and research presentations made by local and invited psychologists. (4) A weekly 1½-hour colloquium held in the Yale Psychology Department, where invited guests present research covering a wide spectrum of current research activities in psychology. In addition, depending on his time, interests and the setting, in consultation with the psychologist on his unit, the trainee can attend rounds, team meetings, community meetings of patients and staff, community organization meetings, etc.

In the first year the program is devoted to development of high level clinical skills and to placing these clinical experiences and skills in broad theoretical contexts. Emphasis is placed upon training both in individual and group psychotherapy as well as psychodiagnostic assessment. Intensive supervision is offered in both therapy and testing for we feel it is only through carefully supervised experiences that one can consider the wide range of issues that occur in the clinical setting. Training in psychodiagnostic assessment is included in the program because we feel that in addition to its contribution to the treatment and care of patients, it offers an excellent training experience which encourages the student to learn to listen to the patient's multi-level communications and to understand the organization of thought processes, the formation of language, and the hierarchical organization of drives, defenses, and ego functions. Also psychodiagnostic procedures can be major instruments in the study of personality organization and of psychopathology.

In the second year of the fellowship options are available for more intensive specialization, such as the study and treatment of adolescent schizophrenia at the YPI or in community-oriented programs at the Mental Health Center. This specialization of clinical interests in the second year will have a primary focus on providing experience and training in teaching clinical supervision and in clinical research. In the second year the research and teaching programs of both the Department of Psychiatry and the Department of Psychology are utilized as a source of experience and of supervisors. Supervised teaching experience will be available in the clinical supervision of predoctoral trainees and as a teaching associate in one of several undergraduate or graduate courses in the Department of Psychology. The Fellow will meet each week with a member of the senior staff to discuss the problems in supervising and teaching of clinical activities as they are experienced in the supervision of pre-doctoral trainees.

Research Training

Research training will also occur primarily in the second year of the Fellowship. The clinical experience during the first year should stimulate the trainee's interests so that by the second year, research plans will have been crystallized and the trainee will have begun to work with one or several faculty members who have similar research interests. Research staff in both Psychiatry and Psychology include a number of the faculty with extensive clinical experience (including psychoanalytic training) who are available to work either in collaboration with, or as a supervisor of, the trainee's research activity. A Research Advisory Committee provides consultation for the trainee's research work/research supervision and collaboration will be available with the members of the Psychiatry and Psychology Departments. Because of our emphasis on integrating supervised clinical experience with supervised experience in teaching and research, liaison with the Department of Psychology at Yale is emphasized. Depending upon the trainee's interests, he could work, for example, with Dr. Irvin Child on aesthetics, creativity and personality, Dr. Daniel Levinson on problems in social psychology and psychiatry, Dr. Kenneth Keniston on problems of identity formation, Dr. Theodore Lidz on schizophrenia, Dr. Irving Janis on problems of stress, attitude change and group interaction and structure, Dr. George Mahl on psycholinguistics and the psychotherapeutic process, Dr. Seymour Sarason on the psycho-educational problems of school age children, Drs. Sylvain Nagler and Robert Hoffnung on community organization and the delivery of mental health services, Dr. Jean Schimek on problems in primary process thinking, or with Dr. Sidney Blatt on clinical and experimental studies of the development and impairment of cognitive processes.

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Appendix

May 11, 1970

Dear Colleague:

I have been given the responsibility by the Executive Committee of NCGEP, with the support and cooperation of the Committee on Professional Training of APA, for editing a booklet describing innovative professional training programs. A few internships and postdoctoral programs will also be included.

The booklet will be directed toward undergraduate students and will provide visibility to other audiences in the profession who are interested in the development and implementation of professional training. The Committee on Professional Training feels that ultimately this listing of programs could serve as a model for an annual index of professional training programs to be published by APA in accordance with the new concept of accrediting professional programs.

About 20 program descriptions will be included along with several introductory articles dealing with the major problems in professional training and possible solutions. Copies will be distributed at the three sessions on professional training at the 1970 APA Convention. Additional distribution is being considered in the form of a monograph to be published by Professional Psychology or through other national sources.

Your program has been suggested for publication and I would appreciate your help. Please send a 4-6 page (double-spaced) typed description of your program to me by June 3. This allows three weeks for you or one of your colleagues to condense some of your existing descriptive material or to prepare something completely new. The deadline is necessary if the booklet is to be printed in time to be part of the emphasis on innovative professional training at the coming convention.

Prepare your description along the attached guidelines and in the order listed. Be as brief and specific as possible and keep in mind that your primary audience is probably an undergraduate or graduate psychology major who is eagerly seeking descriptive material that "tells it like it is".

Please acknowledge this letter and advise if you will be able to prepare your program description.

Guidelines for Program Description

1. Goals and Guiding Philosophy of the Program

   Describe the end product, theoretical orientation, level of competence desired and the balance of theory and practical experience at each level, degree conferred

2. Planners and Administrators

   Background, level of skills and major commitment of supervisors and instructors; administrative structure (autonomous, part of a department)

3. Professional Responsibility

   Attitude toward student and supervisor accepting full responsibility for commitment to clients, one's work, and outcomes; self-evaluative features of program and provision for systematic review of progress

4. Research Training

   Breadth of methodology and role of empirical studies, action research, relevance to contemporary social contexts

5. Internship and Practica

   Standards of professional service, staff, record-keeping, nature of ongoing studies and various services offered; supervisory and independent experiences

6. Innovative Aspects of the Program

   Attitudes toward providing specific innovative experiences in the development of new services or repatterning of existing services to solve specific social problems or community crises; solutions to problems of sub-doctoral and sub-professional training through various combinations of programs; unusual offerings of seminars and training experiences

7. Educational Hurdles

   Major examinations, special entrance requirements, length of program

CRITERIA FOR INNOVATIVE PROFESSIONAL TRAINING PROGRAMS

1. Professional -- planners and administrators of programs must be people whose major professional commitment is providing service. Supervisors and instructors in clinical skills must be actually at more advanced levels of competence and experience than the students and not just theoretically more knowledgeable than students.

2. Practical experience and theoretical instruction integrated at lower as well as higher levels of program.

3. Skill training aimed at is clearly beyond minimal or entrance levels of competence.

4. Training toward full responsibility for one's commitment to clients, for one's work and for outcomes.

5. Research training must be broader than experimental methodology and must include empirical studies, action research and can be relevant to contemporary social contexts.

6. Internship and Practica Training takes place in service settings where more than minimal standards for professi onal service are met, where fully professional people are in charge, where adequate records are kept, where responsible imaginative, innovative and evaluative studies are going on, where a variety of services are offered in settings administered by psychologically trained people.

7. Innovative in regard to the type of academic-institutional setting within which it is lodged. For example, a professional training program established in an academic setting but not administered and operated by the department of psychology.

8. Innovative in the sense of providing specific learning experiences in the innovation and development of new services or the repatterning of existing services to solve certain specific social problems or community crisis situations.

9. Innovative in providing a new solution to the problems of subdoctoral and subprofessional training, through combining doctoral with one or more levels of subdoctoral training in one program. Programs that simply allow students to "pick up" a master's degree on the way to the doctorate do not qualify. There must be a specific training program that qualifies those graduates exiting at the Master's and/or Bachelor's degree level for specific identified vocations or positions in the job market, such as school psychologists or mental health aides.